

Cycling Disclaimer Form

Name:

Additional Family Names:

Address:

Mobile Number:

Emergency Contact Name:

Emergency Contact Number:

Relationship to you:

Any Medical Conditions:

I declare that I am over 18 years of age and medically fit to cycle. If signing on behalf of family members I declare that they are medically fit to cycle. I understand that by choosing to participate I/we do so entirely at my/our own risk and that SCL/BRDC will not be liable for any loss, damage, action, claim, cost or expense which I/we suffer or incur as a result of taking part in this activity except where this is caused by SCL/BRDC's negligence. All information provided will be used solely for the purpose of administering the activity and will be managed in accordance with the below. We process the information that we hold in accordance with the GDPR, which means that:

- We collect information as is necessary for our operational purposes, but which is not excessive or irrelevant
- We seek to keep information we hold about you accurate and up to date
- We will keep your data secure and will retain your information for time periods defined by law and best practice

We will not share your information with other parties, except where necessary for legitimate business purposes and/or statutory or other legal obligations.

Signature:

Date: