



BOOKING FORM & PERSONAL DETAILS

Personal Details

Name :

Address :

Work/Home Phone :

Mobile Number:

E-mail:

D-0-B

Emergency Contact No:

Next of Kin details:

Dietary & Medical

Do you have any specific dietary requirements?

Please provide details or write NONE :

Please note any medical conditions that may effect your riding:

List any medication you may be using:

Doctors Details:

DISCLAIMER

I HERE BY CERTIFY THAT I UNDERSTAND THAT MOUNTAIN BIKING IS A POTENTIALLY HAZARDOUS ACTIVITY. I HAVE BEEN MADE AWARE THAT I MUST WEAR A HELMET AND USE A TRAIL WORTHY CYCLE, AND I RIDE AT MY OWN RISK. TORQ IS NOT HELD LIABLE FOR INJURY CAUSED WHILST RIDING THE TRAILS. THERE IS NO PRESSURE FROM TORQ TO RIDE ANYTHING I FEEL I CAN'T DO.

Signed (by parent if under 16):

Date:

