**Keynsham & District Mencap Society**

**Sponsored Bike Ride / Walk**

**Declaration and Registration Form**

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| Name: |
| Address: |
| Email: |
| Mobile Number: |
| Emergency Contact Name and Number: |
| **Important Information**  **Disclaimer:** Keynsham & District Mencap Society is not responsible for any accident, injury, loss, damage, action claim or costs of expenses whilst participating in this event.  **Health & Safety:** I understand the risks of Health & Safety issues associated with walking or cycling and I agree to walk or ride in a responsible manner in accordance with the Highway Code.  If under 16 years of age, I understand it is advisable to be accompanied by an adult.  I understand it is mine, or my accompanying adult’s responsibility to ensure that my bike is in a roadworthy condition.  I understand it is my responsibility to wear appropriate clothing and footwear and a cycle helmet on the ride for my own safety.  I will act upon any instructions given to me by the organisers or marshals on route.  Signed: Date: |

**Please return your completed registration form to the office to register your place and receive your sponsorship form. Please return by Monday 8th September.**