

## Bikeability Level 2 Consent Form

**Full Name of Child (PLEASE PRINT)** \_\_\_\_\_

**Parent/Guardian Name (PLEASE  
PRINT)** \_\_\_\_\_

**Please tick the relevant consent boxes below:**

**I would like** to register the above child to participate in Bikeability cycle training. I give consent to my child's name, gender and any relevant SEND and/or medical information to be recorded within Cycle Experience Limited's secure booking platform for the purpose of creating course registers, feedback reports and certificates.

**I give consent** for Cycle Experience Limited to know my child's Surname for the generation of course achievement certificates.

**I confirm** that my child has a roadworthy bike and cycle helmet, both of which are the correct size and will be presented for use in Bikeability delivery.

**I consent** to photographs of Bikeability training delivery being taken by any of the following agencies, which may include photographs of my child, for marketing and promotion purposes:

- Local Authority
- School
- Cycle Experience Limited

**PLEASE NOTE:** A child can be exempt from wearing a protective cycle helmet for religious/cultural reasons ONLY.

**I wish for my child to be exempt from wearing a helmet on religious/cultural grounds.** I fully understand that Cycle Experience Limited cannot accept liability for any injury sustained as a result of my child not wearing a protective cycle helmet during Bikeability participation.

**If you are declining the offer of Bikeability cycle training, would you please tell us why? Your feedback will help us to improve the services that we offer:**

**Medical or other conditions/requirements which may be of relevance on enabling your child to participate in Bikeability cycle training:**

**Parent/Guardian Signature:**

**Date:**

**Contact Telephone Number:**

**School Name:**

**PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL**