

# Consent Form



**GoCycle**  
**Leighton-Linslade Town Council**  
**The White House**  
**Hockliffe Street**  
**Leighton Buzzard**  
**LU7 1HD**

[gocycle@leightonlinslade-tc.gov.uk](mailto:gocycle@leightonlinslade-tc.gov.uk)  
[www.gocycleleightonlinslade.org](http://www.gocycleleightonlinslade.org)

This is an agreement between Leighton-Linslade Town Council and the undersigned. It relates to all training run by Leighton-Linslade Town Council on or after the date of this agreement.

**I give permission for me / my child \* to take lessons in safe, effective cycling.**

Except in cases where Leighton-Linslade Town Council supplies the bicycle:

- i) I undertake to ensure my / my child's bike is roadworthy. The instructors may refuse to train my/ my child if they deem the bike to be un-roadworthy.
- ii) I understand and give permission for the instructor to make minor adjustments to make my/ my child's bike roadworthy where necessary and if possible.
- iii) It remains my responsibility only to ride/ allow my child to ride a roadworthy bike and if I am in doubt as to whether a bike is roadworthy I should seek the advice of a professional mechanic.

I accept that the instructors may at any time refuse to continue to train me/ my child if my/his/her behaviour or ability level is deemed to be unsuitable.

I understand that Leighton-Linslade Town Council is not responsible for any injury or any loss or damage to any property which is not caused by an instructor's negligence and that Leighton-Linslade Town Council takes no responsibility whatsoever for any injury or any loss or damage to any property which occurs either on the way to or from a lesson or subsequent to lessons. I take full responsibility for any such injury, loss or damage to any property or to any person which occurs as a result of taking the lesson.

I understand that having taken training, it does not necessarily follow that it is safe for me/ my child to ride a bicycle. To become a proficient cyclist takes much more practise than lessons of this kind can provide.

I/ My child will **not wear a helmet** during lessons and understand that Leighton-Linslade Town Council will not be held liable for the results of any injury which it is later established may have been prevented by the wearing of a helmet.

Or

I/ My child will **wear the helmet that I provide** and understand that Leighton-Linslade Town Council will not be held liable for the results of any injury which it is later established may have been caused by the wearing of the helmet. The instructor will advise on the fitting of the helmet but will not necessarily be able to judge from its appearance if it is in good condition. If the helmet that worn is not suitable, the instructor may refuse to train my child for the rest of the course or ask for a change to be made to this consent form.

I undertake to make the instructors aware of any medical condition I have/ my child has, which may adversely affect the training.

**I have read the conditions and advice. The bicycle I/ my child will be riding is roadworthy and the cycle helmet fits correctly (if worn). I agree to receiving cycle training, that may include on road training (Year 5 & above), and will ensure the continued roadworthiness of my/ my child's bicycle throughout the course.**

**PLEASE PRINT DETAILS**

**NAME of TRAINEE:**

**ADDRESS:**

**Health/Medical conditions if applicable:**

**Email Address (optional):**

**I would like to receive email updates from GoCycl  
 Yes/No:**

**EMERGENCY CONTACT  
 PHONE NUMBER Day:**

**PARENT SIGNATURE:**

**Evening/Weekend:**

**DATE:**

*(If under 16, parent or guardian must sign)*

**SCHOOL (if school training):**

# Photography Consent Form

(Completion Optional)



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Thank you for agreeing to have your/your child's picture taken. These photographs will be used on publicity material for Leighton-Linslade Town Council and the school only. The pictures will be kept on our database for when we need them. The only information we will record with the photos will be date, location and event. Names **will not** be included with the photos. The school may also keep and use pictures where appropriate.

Please give your consent to the above by filling in the details below.

I (full name) \_\_\_\_\_,

consent for pictures of myself or my child of under 16 years, (full name(s))

\_\_\_\_\_,

to be taken and used as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding this matter please contact the GoCycle Team

01525 635114 or email [gocycle@leightonlinslade-tc.gov.uk](mailto:gocycle@leightonlinslade-tc.gov.uk)

Thank you.