



**A Voluntary Trust**  
**Serving Young People in Rushcliffe**

Please return to Membership Secretary or to

**Le Petit Champ**  
**Widmerpool Road**  
**Wysall**  
**Nottinghamshire**  
**NG12 5QW**

**email : anne.stuart@virgin.net**  
**Mobile 07808 770368**

**Web site : [www.rev-n-go.org](http://www.rev-n-go.org)**

## **Motor Cycle Riding - Consent Form**

To be completed by parent/carer in respect of all young people aged under 18 years.

### **BRIEFING INFORMATION**

The information below is about the activity your son/daughter wishes to undertake. If you require further information please contact Roger Edwards on 07808-770368.

Members ride motor cycles off road in a variety of locations, each will be fully approved for the activity intended. Cleaning, maintenance and repair of bikes is undertaken by members under supervision; it is expected that all members will take part in this. Members join in the group's self management meetings. Trips and other activities are arranged from time to time.

Ride and trip dates and times will be pre-planned, members are advised in advance. Dates and times are shown on the diary page of the web site. Times of travel are always approximate and can be affected by adverse weather, road conditions, or unforeseen events. Food and drink is not provided. Travel will usually be in a Nottinghamshire County Council mini-bus. Motor bikes will be transported in vans, or on trailers. On certain occasions private cars will be used to transport members.

Membership and trip fees are determined by the member's management group in conjunction with the trustees. All staffing is by volunteers, who have been CRB checked to ensure the maximum safety of the group's members at all times.

Members may use their own bikes, if you wish this then you warrant the bike's suitability & safety by signing this form. All costs of the bike and any damage remain your responsibility.

All riders must wear an ACU Gold Stamp approved motor bike helmet, goggles and gloves, plus body armour, kidney belt and any other protective equipment at the direction of leaders on duty for each trip. Rev and Go will attempt to provide this safety equipment. Footwear giving ankle and shin protection (such as motocross boots) should be worn whenever riding, these are your responsibility. Legs and arms must be covered whenever riding any bike.

This form provides consent to all activities involving any form of motor cycling, an alternative form will be provided for other visits or that include other adventurous activities.

### **ACKNOWLEDGEMENT**

I agree to my son/daughter\*\* \_\_\_\_\_ (name)  
(Date of Birth \_\_/\_\_/\_\_) taking part in these activities. I have read the above briefing. I acknowledge the need for responsible behaviour. I permit Rev and Go to take photographs, videos, sound recordings and media broadcasts which include my son/daughter\*\* and to use these in any media or web site creating publicity or fund raising for the group or its funders.

All motorsport is dangerous. I understand that taking part in this activity creates exposure to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event of negligence on the part of the trustees or venue owners or any individuals carrying out duties on their behalves being a contributory cause of any part of any serious injury that may be suffered, the dominant cause of any serious injury will always be my voluntary decision for my son/daughter\*\* to take part in this high risk activity.

---

**Charity Registration Number 1086574**

Affiliate of Auto Cycle Union

Trustees : T Hastings, B Mietus, G Reavill, J Meagan, D Cooper, R Pritchett, A Flint.

Updated July 2010

**MEDICAL INFORMATION QUESTIONNAIRE**

(a) To the best of your knowledge, does your son/daughter\*\* suffer from any condition requiring medical treatment, or medication? (If YES, please give brief details below.) **YES/NO\*\***

---

---

(b) To the best of your knowledge, has your son/daughter\*\* been in contact with any contagious or infectious diseases or suffered from anything that may become contagious or infectious? (If YES, please give brief details below. Subsequent contact must be notified as soon as is possible) **YES/NO\*\***

---

---

(c) Is your son/daughter\*\* allergic to any medication? (If YES, please specify below) **YES/NO\*\***

---

---

(d) Has your son/daughter\*\* received a tetanus injection in the last 5 years? **YES/NO\*\***

(e) Please outline any special dietary requirements.

---

---

**DECLARATION**

I agree to my son/daughter\*\* receiving emergency medical treatment, including anaesthetic, as considered necessary by medical authorities present. I will contact Rev and Go without delay if any of the information given above or below changes. I may be contacted by telephoning on the following numbers:

I am :

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Post Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Times \_\_\_\_\_

Mobile \_\_\_\_\_ Times \_\_\_\_\_

Work \_\_\_\_\_ Times \_\_\_\_\_

My link to the member is : \_\_\_\_\_

If I am not available as above, please contact:

Name : \_\_\_\_\_

Telephone number(s) : \_\_\_\_\_

Address : \_\_\_\_\_

Post Code \_\_\_\_\_

The family doctor is:

Name : \_\_\_\_\_

Telephone number : \_\_\_\_\_

Address : \_\_\_\_\_

Post Code \_\_\_\_\_

Signed \_\_\_\_\_ (Parent/Carer\*\*) Date \_\_\_\_\_