

## 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 group your son/daughter has asked to join. If you require further information please contact Roger Edwards.

Members ride motor cycles off road in various places, each location will be approved for the activity. Cleaning, maintenance and repair of bikes is undertaken by members under supervision. It is expected that all will take part in mechanical work. A nationally recognised qualification can be gained from the repair works. Members join in the group's self management meetings. Trips and other activities are arranged from time to time.

Session dates and times are pre-planned, they can be found on the web site diary page. Travel is normally in a Nottinghamshire County Council mini-bus, in our van, or in private cars. Times can be affected by adverse weather, road conditions, or unforeseen events. Motor bikes are transported in vans, or on trailers. Food and drink is not usually provided.

Membership and trip fees are determined by the members in conjunction with the trustees. All staffing is by volunteers who have been CRB checked.

We aim to ensure the maximum safety of the group's members at all times. All riders must wear an ACU approved Gold Stamp motor bike helmet, goggles and gloves, plus body armour, (with kidney belt) and any other protective equipment at the direction of leaders on duty. 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.

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

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

### MEDICAL INFORMATION QUESTIONNAIRE - PLEASE ANSWER EACH QUESTION 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\*\*

\_\_\_\_\_  
Please list any medication taken by your son/daughter and its frequency/administration.

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

\_\_\_\_\_  
Has your son/daughter\*\* been in contact with or suffered from any contagious or infectious disease or anything that may become so? (If YES, please give brief details below.)

Subsequent contact must be notified as soon as is possible.

YES/NO\*\*

\_\_\_\_\_  
Has your son/daughter\*\* received a tetanus injection in the last 5 years?

YES/NO\*\*

\_\_\_\_\_  
Please outline any allergies or special dietary requirements.

**MEDICAL 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 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 when needed, please contact:

Name : \_\_\_\_\_  
Telephone number(s) : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

The registered doctor is:

Name : \_\_\_\_\_  
Telephone number : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

**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.

**MEDIA**

Rev and Go takes (or causes to be taken) photographs, videos, sound recordings, live and recorded media broadcasts which may include your son/daughter\*\*. We use these in creating publicity or fund raising for the group or its funders.

**SUBSTANCES**

We operate a zero tolerance policy on high-energy/high-caffeine drinks such as Red Bull and Relentless. These create hyperactivity. Please do not allow your young person to attend a ride session with these drinks. We operate zero alcohol tolerance at rides and enforce this by breath testing. An alcohol breathalyzer is taken to rides. Cannabis test kits are held by the group. We use them on a selective and/or random basis. Your signature below authorises us to test your son/daughter when required.

**ACKNOWLEDGEMENT**

I have read and accept all of the above briefing. I acknowledge the need for responsible behaviour by my son/daughter\*\*. I agree to my son/daughter\*\* \_\_\_\_\_ (name) (Date of Birth \_\_\_/\_\_\_/\_\_\_) taking part in these activities.

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

This form must be returned to Rev and Go, a copy will be taken by the leader of each trip.

\*\* = Please delete as needed.