



Event:

Date:

Entry Fees Collected:

Generic Risk Assessment complied with? Tick box to confirm ☐

Any additional hazards noted? Yes*/No

*If yes, these must be noted and riders advised

Signature:

I understand that the event will be held under the Rules and Regulations of Cycling Time Trials as shown in the current Handbook and I confirm that I am conversant with such Rules and Regulations and undertake to abide by them and to participate in the Drug Testing Programme whenever required to do so. I further declare that I am at present not under suspension by Cycling Time Trials or any organisation with which Cycling Time Trials has an agreement or (if so) such suspension will have expired by the date of the event. I agree to accept the decision of the promoter in all the matters concerning the event and my participation in it subject to such rights of appeal or review as may be provided for in the Rules and Regulations of Cycling Time Trials. I understand that the event is held wholly or in part on public or private property or the public highway and that I participate therein entirely at my own risk and that no liability whatever shall attach to the promoter, promoting club or any officials of the event, Cycling Time Trials or any club affiliated thereto or any member of such club for any injury loss or damage suffered by me in or by reason of the event however caused. As an entrant to this event your information may be shared on the event or promoting club website, social media pages or in emails sent by or on behalf of the promoting club. This data will only be shared in relation to your participation in the event, e.g. the list of entrants, results or event reports. This data will be limited to your name, gender, age or age category, the name of the affiliated club or team of which you are a member and your finishing time and/or position.

I CONFIRM THAT I HAVE READ ALL THE SAFETY INSTRUCTIONS CONTAINED IN THE START SHEET AND/OR DISPLAYED AT THE SIGNING-ON POINT. I ALSO UNDERSTAND THAT ALL COMPETITORS IN CYCLING TIME TRIALS EVENTS MUST WEAR A HARD SHELL HELMET THAT MEETS AN INTERNATIONALLY ACCEPTED SAFETY STANDARD.

No	PRINT NAME	Open/Female	Hse No. & Postcode	Emergency Tel.	TT/RB	1 st Club	£5 or 2 nd	Age	Signature
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									



Event:

Date:

Entry Fees Collected:

Generic Risk Assessment complied with? Tick box to confirm ☐
Any additional hazards noted? Yes*/No
*If yes, these must be noted and riders advised

Signature:

I understand that the event will be held under the Rules and Regulations of Cycling Time Trials as shown in the current Handbook and I confirm that I am conversant with such Rules and Regulations and undertake to abide by them and to participate in the Drug Testing Programme whenever required to do so. I further declare that I am at present not under suspension by Cycling Time Trials or any organisation with which Cycling Time Trials has an agreement or (if so) such suspension will have expired by the date of the event. I agree to accept the decision of the promoter in all the matters concerning the event and my participation in it subject to such rights of appeal or review as may be provided for in the Rules and Regulations of Cycling Time Trials. I understand that the event is held wholly or in part on public or private property or the public highway and that I participate therein entirely at my own risk and that no liability whatever shall attach to the promoter, promoting club or any officials of the event, Cycling Time Trials or any club affiliated thereto or any member of such club for any injury loss or damage suffered by me in or by reason of the event however caused. As an entrant to this event your information may be shared on the event or promoting club website, social media pages or in emails sent by or on behalf of the promoting club. This data will only be shared in relation to your participation in the event, e.g. the list of entrants, results or event reports. This data will be limited to your name, gender, age or age category, the name of the affiliated club or team of which you are a member and your finishing time and/or position.

I CONFIRM THAT I HAVE READ ALL THE SAFETY INSTRUCTIONS CONTAINED IN THE START SHEET AND/OR DISPLAYED AT THE SIGNING-ON POINT. I ALSO UNDERSTAND THAT ALL COMPETITORS IN CYCLING TIME TRIALS EVENTS MUST WEAR A HARD SHELL HELMET THAT MEETS AN INTERNATIONALLY ACCEPTED SAFETY STANDARD.

No	PRINT NAME	Open/Female	Hse No. & Postcode	Emergency Tel.	TT/RB	1 st Club	£5 or 2 nd	Age	Signature
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									