Entry Form for events held under Audax UK regulations

Name of event:		Dist: km
From:	Date:	Time:
Fee: £ for Audax UK or Cycling UK (CTC	c) members - otherwise add £3 for Audax UK te	mporary membership
Membership:	Cycling UK (CTC) Membership No:	
Date of birth if under 18 years:	(see PARENTAL CONSENT below)	
Forename:	Surname:	
Address:	Phone:	
	Mobile:	
	Email:	
Club/Cycling UK (CTC) group:		
INSURANCE: Audax UK provides its members (i cover throughout the event for claims in excess of taking place in Great Britain, the Channel Islands club or group does not provide insurance cover you	f £500. 3rd party insurance cover is limited to e or Isle of Man. Membership of a Cycling UK (0	events CTC) affiliated
Overseas residents must arrange their own 3rd	d party insurance.	
By signing this entry form you declare that you	u are insured as required.	
The event is run under Audax UK regulations. You and advice (available in AUK publications, at www		
The event is not a race or trial of speed. You are eather road users.	expected to follow the rules of the road and sho	w consideration to
The route is on open public roads.	You should prepare by studying the route.	
The route is not waymarked /marshalled. Some routes/conditions may be arduous.	You are responsible for your safety/conduct. The organiser provides no rescue service.	
PARENTAL CONSENT (required for entrants un this form and be aware that this is an individual rice		nformation on
I am the Parent/Guardian of the Entrant and gi	ve my consent to this Entry:	
Signed (Parent/Guardian):	Date:	
Name (Parent/Guardian, please print):		
I understand that during the event I am on a priva own conduct. I agree to abide by Audax UK Regu COVID-19 statement: I declare that I have not that I am not required to quarantine during the perfrom attending this event. I agree that if I develop Insurance statement: I have relevant insurance	lations for this ride. Entry fees are not refundab symptoms relating to COVID-19; that I am not s riod of the event; that no local or other regulatio o an such symptoms before the event I will not a	le or transferable. self-isolating; ns prohibit me
Signed(Entrant):	Date:	
Emergency contact person (Name & Tel.):		
Send: 1. completed form.	To: organiser	

2. cheque payable to organiser.

3. two C5 stamped addressed envelopes.