



For office use only

Instructor initials

Funding borough (if applicable)

Form: Child Consent (16-) v4.0

**BeSpoke Cycling Instruction Ltd**  
1 Seymour Place, Chinnor Road  
Bledlow Ridge HP14 4AE  
☎ 07999 210032  
✉ spokesci@gmail.com  
🌐 www.spokesci.com  
Form: Child Consent (16-) v4.0

## Consent form

This is an agreement between BeSpoke Cycling Instruction Ltd ('BeSpoke') and the undersigned. It relates to all training run by BeSpoke on or after the date of this agreement.

School \_\_\_\_\_ Date of training \_\_\_\_\_

I (FULL NAME of parent or guardian, please print)

consent for my child (or the following child for whom I take responsibility) to take lessons in safe, effective cycling. FULL NAME of child, please print

During the lessons, my child will (tick one box\*)  
Wear his/her helmet  OR not wear a helmet

*\*If both or no boxes are ticked, you will be deemed to have no preference*

- By preference BeSpoke CI will supply balance bikes but can also work with the child's own balance bike (must not be fitted with pedals & chain or stabilisers)
  - i) The instructors may refuse to train my child if they deem their bike to be un-roadworthy, and
  - ii) It remains my responsibility not to allow my child to ride an un-roadworthy bike.
- I accept that the instructors may at any time refuse to continue to train my child if their behaviour or ability level is deemed to be unsuitable.
- I understand that BeSpoke is not responsible for any injury or any loss or damage to any property which is not caused by an instructor's negligence.
- I understand that having taken training it does not necessarily follow that it is safe for my child to ride a bicycle. To become a proficient cyclist takes much more practise than lessons of this kind can provide.
- I undertake to make the instructors aware of any medical or behavioural condition my child has which may adversely affect the training.
- I understand that personal details held by BeSpoke may be given to the organisation that is wholly or part paying for the lesson, and that the organisation may contact me to ask for details of the lesson.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact number \_\_\_\_\_