

**ESSENTIAL CYCLES LTD**  
**ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT**

I/we (the Participant/Guardian) has signed up to participate in various activities related to mountain biking (the Activities) with an Essential Cycles Ltd Coach (the Coach), which may take place on Fromme, Seymour and other Mountains. I/we understand that the Activities, as well as travel to and from the activities are inherently dangerous and carry significant risks that I/we fully accept.

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I/we fully understand that the Activities are inherently dangerous and that participating in them carries risks of bodily injury which includes without limitation: minor wounds, bruising, abrasions, sprains, strains and other bodily or psychological injury up to and including death, brain injury or paralysis (Personal Injury). I/we also understand that my/our personal property which I/we bring to the activity can be stolen or damaged (Property Loss) through no fault of Essential Cycles Ltd. I/we understand that travel to and from various sites is inherently dangerous, and the risks associated with travel cannot be avoided.

<b>WARNING: Mountain Biking is an activity which involves significant and inherent risks, and I understand and acknowledge the risks involved.</b>	Initials
<b>I/ we understand and agree that I/we could cause damage or loss to other participants and agree to follow instructions laid out by the Coach to avoid such damage or loss.</b>	Initials
<b>In the case of an injury or accident, I/we consent to the Coach providing basic first aid and contacting EMS if deemed necessary.</b>	Initials
<b>I/we certifies that the Participant or Guardian is not aware of any medical or health conditions that preclude the student from the Activities. If such conditions do exist please note them here:</b>	Initials
<b>I/we am aware, or have reviewed with the Participant, the importance of being safe while participating in the Activities, adhering to all the instructions of the Coach on bicycle use, trail etiquette, staying with the group and awareness of others.</b>	Initials

<b>Participant Print Name</b>	<b>Date of Birth (DD/MM/YY)</b>
<b>Participant Signature</b>	<b>Emergency Contact (Phone)</b>
<b>Parent or Guardian Signature</b>	<b>Date</b>