

**CYCLING WITHOUT AGE PARTICIPANT WAIVER FORM**

**TO BE COMPLETED BEFORE EACH RIDE**

Pilot Name: …………………… Group Name: ……………………… Site: ………………………………..

Name of Participant: ……………………………………………………………………………

Date: ……………………………………

**I, the undersigned, accept responsibility for the safe boarding and disembarking of the Trishaw, following the instructions of the Pilot. I understand that while Cycling Without Age Portsmouth ensures that the Trishaws are safe to use, taking part in this activity is voluntary and at my own risk.**

Signature of Participant: ……………………………………………………………………...

Signature of Carer (if attending): ………………………………………………………….

**EMERGENCY CONTACT DETAILS**

Name: …………………………………………………………………………………………………..

Telephone number: ………………………………………………………………………………

**PHOTO CONSENT**

At times Cycling Without Age may take photographs or video of our rides and participants to promote the service to others. If we do take any photographs or video during your ride, we ask that you consent to the use of any images taken of yourself and of any guests attending. Unless you tell us otherwise, your image may be used by our partners or affiliates in promotion of our service.

* I consent
* I do not consent

Signature of Participant: ………………………………………………………………………..

Signature of Carer/ Guest (if attending): ………………………………………………..

**PHOTO SHARING**

CWA will only use your photo in connection with the project or service you signed up for. If you consent, we may forward your photos to other organisations.

* I consent to CWA sharing my photo with the organisations listed below.

**GENERAL DATA PROTECTION REGULATION (GDPR)**

For more detailed information about what we collect or how we use, store and delete data and about your rights you can access our full privacy statement on our website; WWW.THEYOUTRUST.ORG.UK

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* Saved on spreadsheet (office use only)