



CYCLEWISE COURSE ENROLMENT FORM

Course Date:

Course Location:

Student details:

First name:

Last Name:

Street address:

Suburb:

Postcode:

Phone (Home):

(Work):

Mobile:

Email:

Date of Birth:

Emergency contact person details:

Name:

Relationship to student:

Daytime phone contact: 1)

2)



THIS IS VERY IMPORTANT. PLEASE READ CAREFULLY

I, _____, acknowledge and confirm the following:

- I agree that I will be participating in CycleWise practical sessions at my own risk. I understand that physical activities and any activities involving the use of public roads, utilized by traffic brings with it potential risks. I hereby release, exempt and indemnify Bikes@Work, its staff and volunteers from all actions, costs, demands, proceedings and claims whatsoever arising out of my participation in the program. I agree to follow all safety advice given during the course and do not hold Bikes@Work responsible for any loss or damage to personal property.
- I authorise Rosy Strong T/a Bikes@Work to use photographs of me participating in class activities for promotional purposes in any type of media, including the business website.

Signed: _____ Date: _____