

CONSENT FORM CARER / SUPPORTER



JERSEY'S INCLUSIVE CYCLE CENTRE

CARER / SUPPORTER DETAILS

Name:

Date of birth:

Home address:

Day telephone:

Mobile:

Email:

Name of an emergency contact and telephone:

WHO ARE YOU SUPPORTING?

Name of cyclist:

Relationship to cyclist:

If attending with a group of cyclists (Centre must be registered with Move More Jersey)

Name and address of organisation the cyclists come from:

DATA PROTECTION

We collect information to help manage your account. All personal Information we collect from you will be recorded, used, and recorded by us in accordance with the Data Protection (Jersey) Law 2018 and with our privacy policy (available at www.jerseysport.je). We may supplement the information that you provide with other information that we obtain from our dealings with you.

I give consent for Jersey Sport / Move More Jersey to email me with information about Cycle Without Limits, Move More Jersey, events and general wellbeing.

☐ **Yes** ☐ **No**

I give consent for Jersey Sport / Move More Jersey to send me text messages with information about Cycle Without Limits, Move More Jersey, events and general wellbeing.

☐ **Yes** ☐ **No**

FIRST AID CONSENT

I give my permission for the administration of basic first aid treatment. In the event of an emergency, I authorise staff to take appropriate action to obtain necessary medical help, including sending me to hospital.

☐ **Yes** ☐ **No**

PHOTOGRAPHY / OTHER MEDIA

I give permission for Jersey Sport / Move More Jersey / Cycle Without Limits to include me in any photographs and video content taken, and allow full and free use of the photographs and video across publications, on social media and on the jersey sport.je and movemore.je websites.

☐ **Yes** ☐ **No**

DISCLAIMER

Jersey Sport / Move More Jersey accepts no responsibility or liability for any loss, injury or damage to persons or property save where such loss, injury or damage is directly caused by the negligence of Jersey Sport / Move More Jersey. It is my responsibility to ensure I am fit and in good health to participate in the activity I choose to attend. Jersey Sport / Move More Jersey reserves the right to cancel any session if necessary. If Jersey Sport / Move More Jersey staff feel that there is a risk to your health, you may be advised to seek written consent from your health professional before continuing with any session.

SIGNATURE

By signing this form, I have read and understood the Terms and Conditions in the Disclaimer above and the Cycle Without Limits Ground Rules and agree to abide by them.

Signed:

Date:

Print name:

(If signing on behalf of someone else, please indicate your relationship to them)

☐ **Parent/ Guardian** ☐ **Care Worker** ☐ **Teacher** ☐ **Other**