

One Wheel Leeds – Membership Form

Full name: _____

Preferred name: _____

Date of birth: _____

Address: _____

Postcode: _____

Email: _____

Phone number: _____

Number of years unicycling: _____

CyclingUK membership number (if applicable): _____

Is the applicant under 18 years old? Yes/No

If yes:

Name of parent/guardian: _____

Parent/guardian phone number: _____

Parent/guardian email address: _____

Emergency contact:

Name: _____

Relationship: _____

Emergency contact number (ideally mobile): _____

Any medical conditions we should be aware of in case of emergency: _____

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Activity Waiver and Media Consent

As the above-named individual (or the parent/guardian of), I acknowledge and fully understand that unicycling is a potentially hazardous activity.

I understand that:

a) unicycling as a physical sport involves risks and dangers of bodily injury, including disability, paralysis, death, or other adverse health consequences;

b) these risks may be caused by my own actions or inactions, or the actions or inactions of another third party, the conditions under which the activity takes places, or the negligence of an individual or organisation.

I fully accept and assume all responsibility for personal injuries, loss, damages, costs & expenses I may suffer as a result of my participation in the activity.

Signed: _____

I understand that during club activities, photos and videos may be taken. I grant One Wheel Leeds the right to use this imagery for promotional purposes.

Signed: _____

Date: _____