Association of British Cycling Coaches

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Association of British Cycling Coaches

Attendance/Disclaimer Register

Name of ABCC Coach

Venue

Date

I understand and agree that I participate in this coaching session entirely at my own risk and also agree that the Coach has taken reasonable steps to establish a safe environment. I know of no disability or medical condition , physical or mental, which could affect my ability to take part in this coaching session.

Name	Address	Signature