

ROSPA ADVANCED DRIVERS AND RIDERS

NORTH DEVON GROUP

Rob Hook
11 Chudleigh Ave
Bideford
EX39 4AT



The Royal Society for the
Prevention of Accidents
www.ROADA.org.uk
Patron: Her Majesty the Queen

Thank you for your interest in our **Better/Defensive/Advanced Riding Course**.

We would like to welcome you as a group member.

Costs: Membership Fee for 2010 is £35.00; which will cover 1 years membership, 5 lectures, an initial assessment ride and a slow riding course. Thereafter, as all our observers are voluntary we would request a small contribution of £5 per ride to be collected at each ride to cover their petrol costs.

Please add on cost of books required. e.g. (**Roadcraft (essential to course), Know Your Road Signs and The Highway Code**, prices given below.) Books are on an order basis, so will not be immediately available.

Rider improvement training is becoming ever more popular and the demand for places is high, so with this in mind we offer the opportunity to pre-book!

Should you have any queries or require further information then please telephone me on (01237) 479775.

Rob Hook
Assistant Training Officer

I wish to enrol as a member of RoADAR North Devon Group Motorcycle Section. I enclose a cheque for the £35.00 fee, which I understand is non-refundable. (please make cheques payable to: **RoADA North Devon Group**), please tick appropriate boxes for books required and add costs to payment.

<input type="checkbox"/>	Membership Fee	£35.00
<input type="checkbox"/>	Roadcraft	£12.99
<input type="checkbox"/>	The Highway Code	£2.50
<input type="checkbox"/>	Know Your Traffic Signs	£4.99
	Total enclosed £

**Please fill out in full & return to: Mr Rob Hook, 11 Chudleigh Avenue, Bideford, Devon.
or bring along to our introductory lecture on 23rd February 2010 at 6.45pm, thank you.**

Title **First Name**..... **Surname**

Address

Postcode: **Telephone No:** **Date**

E-mail address:

ROADAR NORTH DEVON MOTORCYCLE SECTION QUESTIONNAIRE

Please fill out in full

NAME: AGE:

ADDRESS:

..... POSTCODE:

HOME TEL NO: MOBILE NO:

E-MAIL ADDRESS:

YEAR PASSED TEST:

TRAINING TAKEN (please tick appropriate box)

CBT DAS ADVANCED IAM ADVANCED ROSPA

OTHER (please specify)

EXPERIENCE

NUMBER OF YEARS CONTINUOUS RIDING YEARS

NUMBER OF MILES IN LAST 12 MONTHS MILES PER WEEK

TYPE OF RIDING IN LAST 12 MONTHS (please tick as appropriate)

TOWN RURAL ROADS MOTORWAYS

KNOWLEDGE OF ROADCRAFT? YES NO

KNOWLEDGE OF HIGHWAY CODE? YES NO

YOUR MOTORCYCLES

LAST VEHICLE: MAKE MODEL C.C. YEARS OWNED

CURRENT VEHICLE MAKE MODEL C.C. YEARS OWNED

CURRENT VEHICLE

MOT DATE

INSURANCE RENEWAL DATE INSURER

TAX RENEWAL MONTH

REASON FOR SEEKING ADVANCED TRAINING

i.e. cornering, overtaking etc. Please highlight any areas of concern you may have.

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SIGNED:

DATE:

DISCLAIMER

RoADAR NORTH DEVON MOTORCYCLE SECTION

MEMBERS FULL NAME

This document must be signed prior to any motorcycle observed runs.

1. I, the undersigned, acknowledge that whilst I am participating in observed runs, I am at all times in charge of my vehicle and it is my decision, not that of my observer, as to whether it is safe to carry out any manoeuvre suggested to me.
2. undertake observed runs at my own risk.
3. I understand and agree that the RoSPA Advanced Drivers & Riders, its observers, employees, agents, officers and servants shall not be liable to me for any loss, damage or injury, or any consequential or indirect loss sustained as a result of my undertaking the agreed course, training unless due to negligence or other failure of the RoSPA Advanced Drivers & Riders to perform its obligations under general law.

I further undertake to indemnify RoSPA Advanced Drivers & Riders, its observers, employees, agents, officers and servants against all loss, damage claims or injury sustained by them due to any act or omission of neglect of mine, during or as a result of my undertaking the agreed course of training.

SIGNED:.....PRINT NAME.....

DATE:.....