

**Team Madigan Pre-Register
Insurance Cover**

I understand and accept that I will be covered by Cycling Ireland insurance for three (3) group rides with Team Madigan Cycling Club. After these three rides, I understand and accept that I will not have this insurance cover and will have to apply to Cycling Ireland for further cover.

Ride Number

Date/...../.....

Rider Signature

.....

Countersign

.....