

XS Rider Training Scheme

Leeds: 0113 3226439 - Castleford: 01977 806115

OWL WOOD FARM, ALLERTON BYWATER, CASTLEFORD WF10 2AN

www.xsrts.co.uk

ON-ROAD ELEMENT 'E' DISCLAIMER

Please use block capitals

I (The Trainee) confirm that I am satisfied with the training I have received so far and as a result feel sufficiently competent and confident to proceed with the next element of my Compulsory Basic Training involving a minimum of 2 hours riding on the Public Highway.

I also confirm that I feel sufficiently competent and confident to conduct the training on the Public Highway in the prevailing weather conditions at the time and that the motorcycle I am to ride is suitable for me to use for this purpose.

1. Name _____ Signature _____ Date _____
2. Name _____ Signature _____ Date _____
3. Name _____ Signature _____ Date _____
4. Name _____ Signature _____ Date _____
5. Name _____ Signature _____ Date _____
6. Name _____ Signature _____ Date _____
7. Name _____ Signature _____ Date _____
8. Name _____ Signature _____ Date _____
9. Name _____ Signature _____ Date _____
10. Name _____ Signature _____ Date _____