



## PARENT / GUARDIAN CONSENT FORM

**THIS FORM MUST BE HANDED IN ON THE DAY AT EVENT CHECK-IN**

Event <i>(please tick)</i>	<input type="checkbox"/> 60 Mile <input type="checkbox"/> 30 Mile		
<b>Riders Name</b>		Date of Birth	

### Parent / Guardian

I, <i>(Name)</i>	
Of <i>(Address)</i>	

### Being the parent / guardian of the above rider I:

- understand and agree that my son/daughter participates in the event as a non-competitive cyclist entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety whilst engaged in non-competitive events organised by FCR.
- understand that riders over 15 years of age are permitted to participate on the public highway and must therefore assume full and entire responsibility for their own safety in relation to other traffic. I understand and have emphasised to my son/daughter that the function of marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safety whilst negotiating corners, turns and other hazards must rest with the rider alone.
- understand further and have impressed upon my son/daughter that all participants in events on the open road must observe the law of the land relating to road travel.
- agree that my son/daughter shall participate in the event without any liability whatsoever on the part of the organiser or any organisation working at the event or their officials or staff in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence.
- confirm that my son/daughter does not have any disability or medical condition, physical or mental, which could affect his/her ability to ride safely in the event entered. I understand that I must notify the organiser at once if at any time my son/daughter becomes subject to a disability or medical condition, physical or mental, which could affect his/her ability to ride safely in the event entered.

<b>Signed</b> <i>(Parent/Guardian)</i>	<b>Date</b>	
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Declaration: By signing this I confirm that I am the parent or guardian of and holding legal responsibilities for the above rider.

