

Parental Consent Form

| Full Name | Date of Birth |
|-----------|---------------|
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| Address (inc postcode) |
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| Are there any long term illnesses, health problems or disabilities we should be aware of? Please state, e.g. learning disability / downs syndrome / cerebral palsy / etc Please provide any other additional information you feel necessary, e.g. wheelchair user / guide dog / etc |
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| Medical Information Please give details of any medical information that we should be aware of |
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| Emergency Contact | | | |
|-------------------|--------------|---------|---------|
| Name | Relationship | Tel (1) | Tel (2) |
| | | | |

| Declarations & consent |
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| <p>To be signed by the parent or guardian of any young person under 18, or carer of any vulnerable adult.</p> <p>I (Name and Address)</p> <p>.....</p> <p>..... being the parent/guardian/carer of named above person.</p> <p>Hereby agree to him/her part in the activities of Cult Racing Cycling Club in my absence and acknowledge that I have been advised as to the nature of the club's activities. I understand that club members and officials will take reasonable steps to ensure the safety of all participants.</p> <p>I accept he/she must assume full responsibility for his/her own safety and compliance with UK law. I am satisfied that he/she is sufficiently responsible and competent to ride in a manner which is safe for himself/herself and others.</p> <p>I agree he/she taking part in the club's activities entirely at his/her own risk and without any liability whatever on the part of Cult Racing Cycle Club, its officials or members in respect of injury, loss or damage suffered by himself/herself howsoever caused.</p> <p>I undertake to inform a Ride Leader of any changes in the information provided on this form.</p> |

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|--------------------|---------------------------------|
| Print name: | Relationship to cyclist: |
| | |
| Signature: | Date: |
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