## PARENTAL CONSENT FORM



Rider's name in full:		Date of Birth:					
Parent or Guardian							
I, (Name)							
of (Address)							
County		Post Cod	le				

## Being the parent or guardian of the above rider

- a) understand and agree that my son/daughter participates in events promoted under the Federation's rules and regulations 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 competition under British Cycling Federation Regulations.
- b) understand that competitors over 16 years of age are permitted to compete 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.
- c) understand further and have impressed upon my son/daughter that all competitors in events on the open road must observe the law of the land relating to road travel.
- d) agree that my son/daughter shall participate in such events without any liability whatsoever on the part of the promoter, promoting club, the British Cycling Federation, or any club or organisation affiliated thereto or their officials or members 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.
- e) 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 as a racing cyclist. I understand that I must notify the General Secretary of the Federation 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 as a racing cyclist.

Signed	(Parent or Guardian)				Date		
	WITNESS (Name, a	address, official posit	ion in club or B0	C & signa	ture - <b>see N</b> o	te 2)	
Forename			Surname				
Address							
County			Post Code				
Position			Signature				

## Notes:

- 1. A racing licence cannot be issued to a member under the age of 18 years unless in receipt of a completed Parental Consent Form.
- 2. Where a member applies for an annual racing licence, the signature of the parent or guardian must be verified by a witness.

British Cycling National Cycling Centre Stuart Street Manchester M11 4DO	

3. A signed Parental Consent Form must be submitted with every application for a racing licence (either annual or one-day) for as long as the rider is under the age of eighteen years.4. All completed Parental Consent Forms will be retained at BCHQ for a period of six years.