

CARTEN 100 – 20th May 2023



PARENTAL CONSENT FORM



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

Being the parent or guardian of the above rider

a) understand and agree that my son/daughter participates in events promoted under the British Cycling Regulations for non-competitive cycling events 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 under British Cycling Regulations.

b) understand that riders over 16 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.

c) 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.

d) agree that my son/daughter shall participate in such events without any liability whatsoever on the part of the promoter, promoting club, British Cycling, 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 in the event entered. I understand that I must notify the Chief Executive of British Cycling 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.

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

Send completed form to:-

CARTEN100
242 Cathedral Road
Cardiff
CF11 9JG