

Parental Consent Form

Rider's name in full:		Date of birth:	
Parent or guardian			
I, (Name)			
of (Address)		Postcode:	

Being the parent or guardian of the above rider I:

a) Understand and agree that my son/daughter participates in **Croston Velo Cycling Club** non-competitive cycling activities entirely at his/her own risk. I have considered and understand the nature of such activities 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 cycling activities organised by **Croston Velo Cycling Club**.

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 other members of **Croston Velo Cycling Club** in such cycling activities is to do no more than guide the route of the cycling activity 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 cycling activities 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 non-competitive cycling activities without any liability whatsoever on the part of the **Croston Velo Cycling Club** or any of its members, 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 non-competitive cycling activities. I understand that I must notify the **Club Welfare Officer** at **Croston Velo Cycling Club** 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 non-competitive cycling activities prior to the rider participating in any further such activities organised by **Croston Velo Cycling Club**.

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

Please complete and sign this form then return to the Club Welfare Officer at Croston Velo Cycling Club.