

Parental Consent Form

Selby Three Swans Sportive

Sunday 1 September 2019



Rider Information:

Name: _____ DOB (dd.mm.yy) _____

Parent or Guardian:

Name: _____ Relationship: _____

Address: _____

Declaration:

Being the parent or guardian of the above rider I:

a) understand and agree that my son/daughter participates in Selby Three Swans 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 taking part in Selby Three Swans.

b) understand that riders under 16 must be accompanied by their parent/guardian at all times and 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, 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 Yorkshire Cancer Research 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: _____

Date: _____