CLOSED CIRCUIT CHAMPIONSHIP PARENTAL CONSENT

TO BE SIGNED BY PARENT OR GUARDIAN

Sunday 15 October 2017 Thruxton

I (Name and Address) _____

_____

_____

_____

Being the Parent (or Guardian) of _____

Who was born on: _____

HEREBY AGREE to his/her participation in the above named event promoted for and on behalf of Cycling Time Trials under their Rules and Regulations and DECLARE as follows:

I confirm that I have read and understand the rider declaration. I understand and agree that my said son/daughter participates in the event promoted under the Rules and Regulations of Cycling Time Trials, entirely at his/her risk and without liability whatever on the part of Cycling Time Trials, its Chairman, National Committee Members, District Committee Members, Officers and Officials of member clubs, Event Secretary (promoter), Timekeepers, Marshals, Course Measurers, Caterers or helpers in the conduct of the event in respect of any injury loss or damage suffered by him/her however caused.

I understand that the function of the marshals in such the event is to do no more than indicate the precise spot at which the rider should turn or the direction he or she should take and that the responsibility for safely negotiating a turn or any other change of direction must rest with the rider alone.

I understand further that all competitors in or in the vicinity of the event must observe the law of the land relating to road travel and when racing must ride entirely alone and unassisted.

I am satisfied that my son/daughter is sufficiently responsible and experienced to assume full and entire responsibility for his/her own safety whilst engaged in a competition of this kind held wholly or in part on public or private property or on the public highway.

I agree to my son/daughter participating in the Drug Testing Programme whenever required to do so.

SIGNED: _____ **DATE:** _____

Photocopied signatures are not acceptable.