

The Tour of Pembrokeshire Cycle-Sportive



Parental/Guardian Consent Form Mandatory for Juveniles (Under 18s)

Rider's full name:		Date of Birth	
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Parent or Guardian

I, (name):			
Of (Address):			
Tel: No.		Post code:	

Being the parent or guardian of the above rider:

a) I understand and agree that my son/daughter participates in the Tour of Pembrokeshire Cyclo-Sportive event entirely at his/her own risk. I have considered and understood the nature of this event and have discussed it 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 in relationship to other traffic whilst engaged in this non-competitive event on the public highway. I understand further and have impressed upon my son/daughter that all participants on the open road must observe the Highway Code at all times.

b) I understand and have emphasised to my son/daughter that the function of marshals in this event 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) I agree that my son/daughter shall participate in this event without any liability whatsoever on the part of the organisers or any affiliated club, organisation, company 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 and personal injury arising from that party's negligence.

d) I 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 this event.

e) I confirm that my son/daughter will be accompanied by the person named below at all times during this event.

Signature: _____ Entry number: _____

I confirm that I am over 18 years of age and that I will accompany the above juvenile at all times during this event and ensure their safety.

Name: _____ Entry number: _____

Signed _____ Date: _____