

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 Federation's rules and regulations 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 competition under British Cycling Federation Regulations.

b) understand that competitors over 16 years of age are permitted to compete 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 competitors 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, the British Cycling Federation, 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 as a racing cyclist. I understand that I must notify the General Secretary of the Federation 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 as a racing cyclist.

Signed (Parent or Guardian)		Date	
WITNESS (Name, address, official position in club or BC & signature - see Note 2)			
Forename		Surname	
Address			
County		Post Code	
Position		Signature	

Notes:

1. No rider under the age of 18 years can compete in the SCRL league 2009 unless the league is in receipt of a completed Parental Consent Form or the rider has a valid BC racing license or is a member of a BC affiliated club
2. Where a member applies for registration for the league for the 2009 season, the signature of the parent or guardian must be verified by a witness.
3. All completed Parental Consent Forms will be retained by SCRL for a period of at least one year after the end of the season.