

Kelly Roche House 619 North Circular Road, Dublin 1 (Ph) 353 1 8551522/ (Fx) 353 1 8551771 E: <u>info@cyclingireland.ie</u> / <u>admin@cyclingireland.ie</u>

TOUR OF STRANGFORD CHARITY CYCLE 14 SEPT. 2014

(PROMOTED BY ARDS CYCLING CLUB)

2014 CONSENT FORM

Consent & Agreement of Parent / Guardian (only applies when applicant is under age of 18)

I hereby give consent to my son, daughter or person for whom I have a legal responsibility as signed below, agree that the child is participating in this event entirely at their own risk and have impressed on them that they must rely on their own ability in dealing with all hazards and must ride in a manner which is safe to themselves and all others, make them aware that when riding in this event the function of the marshals is only to indicate direction and they must decide whether the movements is safe. I agree that no liability in respect of injury, loss or damage whatsoever shall attach to the promoter, promoting club, sponsor, race official, Provincial Federation or National Federation approving the event.

| Signature | | - |
|--------------------------|-----|-------|
| | | |
| | AGE | |
| CHILDS NAME & ADDRESS | | |
| | | _ |
| | | - |
| | | |
| F | | - |
| NAME & ADDRESS OF PERSON | | 4 |
| GIVING CONSENT | | |
| | | |
| | | _ |
| | | |

Telephone No. or Email address _____