

# CLUB EVENTS, CLUB RUNS AND ACTIVITIES PROVIDED BY ARDS CYCLING CLUB

## CONSENT FORM

Consent & Agreement of Parent/Guardian for club members and guests  
under 18 years of age

|                                    |          |  |
|------------------------------------|----------|--|
| Child's Name:                      | Age:     |  |
|                                    | Address: |  |
|                                    |          |  |
| Name of consenting adult:          |          |  |
| Address (if different from above): |          |  |
|                                    |          |  |
|                                    |          |  |
| Relationship to child/minor:       |          |  |
| In case of emergency Tel No/s:     |          |  |
| Email address:                     |          |  |

### Known Medical Conditions:

Please tell us about any medical conditions and any important information relating to the condition/s you feel we should know about the named child/minor child, for example asthma, allergies, diabetes or epilepsy. If you have any concerns about the child/minor participating in any form of physical activity then please consult your GP before giving permission for the child/minor to take part in Ards Cycling Club events or regular activities.

Medical Condition/s:

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### Parental consent notice

I agree that the named child/minor, for whom I have responsibility, is participating in Ards Cycling Club events, club runs or activities, entirely at their own risk and that I have impressed on the child/minor the need to rely on their own ability in dealing with all hazards and they must participate in a manner that is safe to themselves and all others. I have also made the

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named minor aware that, when riding in Ards Cycling Club events, club runs or activities, the function of the road captains and marshals is only to indicate the routes and direction for participants and the named minor must decide whether the movements are 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 or activity, howsoever caused.

I also understand that photographs and/or video will be taken at Ards Cycling Club events and activities. By taking part in Ards Cycling Club events and/or activities I grant the organisers full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the club's aims. This may include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and funding applications.

- I have read the information contained in this leaflet and declare that I have the right to give parental/guardian consent, and hereby consent to the named child/minor taking part in the Ards Cycling Club activity.
- I agree to be at the drop-off/pick-up point at the agreed time (if applicable).  
Not applicable to children/minors taking part in school curriculum time.
- I confirm to the best of my knowledge that the child/minor in my care does not have any medical condition other than those detailed in this form.
- I confirm that I have provided details of any relevant medical conditions that may affect the named child/minor taking part in the Ards Cycling Club activity.

Signature of Parent/Guardian: \_\_\_\_\_

Date:

*If you are not currently a member of Ards CC, you might like to visit our website or follow us on Facebook.*