



## Parental Consent Form, Child under 15

Salisbury Road and Mountain Cycling Club welcomes membership to anyone interested in the sport. It is required that parents or guardians of those under the age of 15 years wishing to participate in any club activities complete this parental consent form.

Those under 15 years of age are required to have an accompanying rider aged 18 or over. This can be one or more nominated persons (family, friend, or anyone else deemed fit by the parent/guardian). Note that the nominated person must have sufficient bike skills and fitness to join the specified club ride, whilst being able to monitor the child's progress.

Please feel free to contact Salisbury Road and Mountain Cycling Club with any queries.

### Instructions

Please read through the form carefully and complete all sections as required.

Completed forms should be returned to Salisbury Road and Mountain Cycling Club at [chair@sramcc.com](mailto:chair@sramcc.com)

This consent form must be signed in the presence of one of the following committee members:

Chairman / Treasurer / Secretary / Welfare Officer

Once you have received confirmation that the signed form has been accepted by the club, your son/daughter will be able to participate in club activities.

### Rider's Details

Name in full: \_\_\_\_\_

Date of birth: \_\_ / \_\_ / \_\_\_\_

I.C.E Phone No: \_\_\_\_\_

### Parent's/Guardian's Details

Name in full: \_\_\_\_\_

Postcode: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Town/City: \_\_\_\_\_

Email Address: \_\_\_\_\_



### Accompanying Riders' Details

Name in full: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town/City: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_  
Phone No: \_\_\_\_\_

### Accompanying Riders' Details

Name in full: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town/City: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_  
Phone No: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_  
Town/City: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_  
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Name in full: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town/City: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_  
Phone No: \_\_\_\_\_

## Declaration

Being the parent/guardian of the above rider I:

- i. understand and agree that my son/daughter participates in events organised by Salisbury Road and Mountain Cycling Club 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.
- ii. confirm that son/daughter has read and understood the 'Rules for Cyclists' section of the Highway Code (rules 59 to 82). Additionally, a correctly fitted helmet will be worn at all times whilst participating in club events.
- iii. understand that riders under 18 years of age are permitted to cycle on the public highway. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under supervision of their accompanying rider(s)
- iv. understand further and have impressed upon my son/daughter that all riders participating in events on the open road must observe the law of the land relating to road travel.
- v. agree that my son/daughter shall participate in club events without any liability whatsoever on the part of Salisbury Road and Mountain Cycling Club, the British Cycling Federation, 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.
- vi. understand that I am responsible for ensuring my son's/daughter's bike is in a safe and roadworthy condition.
- vii. 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 cyclist. I understand that I must notify the Chairman, Secretary or Child Welfare Officer of Salisbury Road and Mountain Cycling Club 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 cyclist.
- viii. confirm that my son/daughter will carry an 'In Case of Emergency' card at all times detailing any medication, pre-existing conditions and allergies they have as well of their next of kin's details.
- ix. understand it is my personal responsibility to obtain third party liability insurance and that Salisbury Road and Mountain Cycling Club and its members shall not be held liable for claims made whilst participating in club activities within or outside the scope of the club.
- x. confirm that on all club activities at least one of the above nominated riders will be present at all times with my son/daughter.



## Consent

Signed: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

## Witness

Signed: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Name in full: \_\_\_\_\_

Position: \_\_\_\_\_