



Parental/Guardian Consent Form

Event:	VC Revolution Club Rides		
Rider's name in full:		Date of Birth:	
Parent or Guardian			
I, (Name)			
of (Address)			
County		Post Code	
Emergency Contact Phone Number			

Being the parent or guardian of the above rider, I:

- a) Understand and agree that my son/daughter participates in VC Revolution club rides, 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 non-competitive cycling which the club seeks to follow British Cycling's best practice.
- b) Understand that riders under 18 years of age are permitted to cycle 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 club members in such events is to do no more than advise on good cycling practice 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 cyclists 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 VC Revolution, British Cycling, 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 in the event entered. I understand that I must notify the club's Welfare Officer 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 in the event entered.
- f) I note that VC Revolution Cycling Club's liability insurance does not cover claims made against individual members. Therefore, it is recommend that all participants in club activities, including group rides, obtain at least third party liability insurance cover either through a national cycling organisation such as British Cycling or Cycling UK; or via a commercial source.

Signed (Parent or Guardian)		Date	
Declaration: By signing this I confirm that I am the parent or guardian of and holding legal responsibilities for the above rider. By signing this document, you consent to your data/your child's data being collected, processed and used in accordance with the club's Data Protection Policy.			