

Parental Consent Form

It is necessary to obtain your consent for your child to take part in a Quench Cycles cycling activity. If you wish your child to participate, please complete this form and return it to the person organizing your event.

Notes:

Cycling is considered a hazardous activity, which may result in serious or fatal injury.

Helmets are provided and must be worn at all times. To ensure suitability, bikes will be provided.

Your child will be led on a group ride with a guide within a traffic free environment. The aim is for the ride to be fun, exciting and challenging for both newcomers and more experienced riders. Whilst guides will Endeavour to adapt the ride to the abilities and experience of the group as a whole, it should also be noted that the ride may include fun and games, a skills area and riding over rough ground on mountain bikes which will include hills.

The ride will require a knowledge and experience of using brakes and gears and is not considered suitable for non-riders.

Participants may be wet and muddy. Please ensure that your child wears appropriate clothing and footwear and that they bring a change of clothing with them.

Cycling is a physical activity, which your child should be fit to undertake. If in doubt, we advise that you should seek medical advice to confirm suitability. Please advise us of any prevailing medical conditions, which may effect your child's riding ability, and ensure that appropriate medication is provided.

Normal terms and conditions apply. Please contact us if you require a full set of terms and conditions to be sent.

I being the parent / guardian of _____
have read the information and hereby consent to my child taking part in the event described entirely at their own risk. I have considered the nature of the activity and have discussed them with my child. I am satisfied that my child is sufficiently responsible and competent to assume full and entire responsibility for his or her own safety under the supervision of a Quench Cycles guide.

Signed (Parent / Guardian) _____ **Date:** _____

Participants Details:

Name of group / event: _____ Date of event: _____

Name of participant: _____ Date of Birth: _____ Age: _____

Address: _____

Home tel: _____

Emergency contact:

Name: _____ Relationship: _____

Contact number: _____

Medical conditions:

Details: _____

Medication:

(Please provide on day in sealed bag with name of child clearly labeled and administration instructions if applicable.)

If required, I agree to the medication prescribed above being administered to my child.

Yes / No

Signed: _____

Name: _____