

SAN FAIRY ANN CYCLING CLUB



PARENTAL/GUARDIAN CONSENT FORM FOR PARTICIPATING IN SFA CLUB RUNS

Ride Details:		
First name:	Surname:	
Gender:	Date of Birth:	Age:
Relevant Medical Conditions:		
l, being the parent/guardian of		
have read the information on this form and consent to my child riding on clubruns.		
 I understand that my child participates in San Fairy Ann Cycling Club (SFACC) club rides on public highways 		
entirely at their own risk. I have discussed the nature of the risks with them and we both understand those risks. I confirm they are sufficiently mature and competent to assume full responsibility for their own safety.		
 I confirm that my child has read and understands "Rules for cyclists" in the Highway code. https://www.gov.uk/guidance/the-highway-code/rules-for-cyclists-59-to-82 		
 Whilst noting that SFACC have a robust Children's Safeguarding Policy and that all cyclists on the club run will endeavour to keep my child safe; I agree that my child is participating in the club rides without any liability whatsoever on the part of SFACC, the ride leader or other club members in respect to injury, loss, damage or death (except in circumstances of serious negligence). I understand the ride leader has responsibility for the safety and welfare of all cyclists on the ride, and not just my child, and they retain the right to refuse permission for my child to cycle with the group. An explanation will be given for that decision. 		
 My child has an appropriate level of insurance (minimum of third-party insurance). I will ensure they have weather appropriate clothing, a cycling helmet, a roadworthy bike, spare inner tube, drink and snacks appropriate for the length of ride. They are in possession of an In Case of Emergency (ICE) card which will be handed to the ride leader and returned at the end of the ride. 		
 I confirm that I have completed the 'Relevant Medical Conditions' box above to the best of my knowledge and have included any conditions that may affect their ability to ride safely or lead to sudden illness. (If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in club rides.) 		
 I confirm that I will be contactable during the club ride in case of an emergency and that I will collect them promptly at the end of the ride. 		
If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in clubruns.		
As parent/guardian please have arrangements agrees for your child to get home after the ride.		
Name:	Relationship to child:	
Signed:	Date:	
This form is valid for one year		lid for one year

Return to the Club Membership Secretary when completed at memsec@sanfairyanncc.co.uk