



Cornwall Hospice Care

Caring for our community

Mount Edgumbe Hospice

St. Julia's Hospice

Registered Charity No. 1113140

Parental Consent Form – Coast and Clay Sportive 2020

Rider's name in full:		Date of Birth:	
Parent or Guardian			
I, (Name)			
of (Address)			
County		Postcode	

Being the parent of guardian of the above rider

- Understand and agree that my son/daughter participates in events promoted by Cornwall Hospice Care entirely at his/her own risk. I have considered and understand the nature of such events and have discussed 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 engaging in non-competitive events organised by Cornwall Hospice Care.
- Understand that riders over 16 years of age are permitted to participate 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 marshals in such events is to do no more than indicate the direction the rider should take and that the responsibility for safely whilst negotiating corners, turns and other hazards must rest with the rider alone.
- Understand further and have impressed upon my son/daughter that all participants in events on the open must observe the law of the land relating to road travel.
- Agree that my son/daughter shall participate in such events without any liability whatsoever on the part of Cornwall Hospice Care, or any other club or organisation affiliated thereto or their staff or volunteers in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude liability of any such party for death or personal injury arising from the party's negligence.
- 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 Race Director 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 this event.

Signed (Parent or Guardian)		Date	
<i>Declaration: By signing this I confirm that I am the parent or guardian of and hold legal responsibility for the above rider</i>			