

# Wokingham Bikeathon -Parental Consent Form

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I being the parent/guardian of the person/s named below have read the information contained in this notice and hereby consent to my child taking part in The Wokingham Bikeathon and understand and agree that my son/daughter participates entirely at their own risk.

I have considered the nature of this event and have discussed it with my son/daughter.

I also understand and agree that any child under the age of 16 will be accompanied at all times by the undersigned parent or guardian during the event.

Please make a note below of any medical conditions you feel we need to know about, (e.g. asthma). If you have concerns about your child participating in any form of physical activity then please consult your GP before giving permission for your child to take part in the Wokingham Bikeathon.

Parental Consent					Emergency Contact Details		
Name of Child	Name of Parent/Guardian	Signature of Parent/Guardian	Date	Medical Conditions	Name	Relationship to Participant	Contact Telephone Number

If you would prefer to complete an individual form please ask one of the stewards