

PARENT/GUARDIAN/CARER CONSENT FORM - under 18

Please complete the following and email back to info@ride4rescue.org

Name of Child:

Date of Birth:

.....

Name of Parent/Guardian/Carer:

.....

Address:

..... Postcode

Tel (day): Tel (evening):.....

Mobile: e-mail:

Does your child suffer from any medical conditions/allergies that the organisers/staff should be aware of (including any current medication)

.....

.....

Please provide details of medication that must be administered:

.....

.....

Emergency contact details: (If different from above)

Name: Telephone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/daughter taking part in the Ride4Rescue Fundraiser.
- b) I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.
- c) I understand that the Ride4Rescue organisation accept no responsibility for loss, damage or injury caused by or during attendance of the fundraiser except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers and Staff.

Signed (Parent/ Guardian/Carer)

Date: