



**PARENTAL CONSENT  
TO BE SIGNED BY PARENT OR GUARDIAN  
OF ENTRANTS UNDER THE AGE OF 18**

To entry of rider under 18 years of age during the 2019 season in

**Sleaford Wheelers club events**

I (Name and address) .....

.....

.....

Being the parent (or guardian) of .....

Who was born on: .....

**HEREBY AGREE** to his/her participation in the club events promoted for and on behalf of Cycling Time Trials under its Rules and Regulations and **DECLARE** as follows:

1. I understand and agree that my said son/daughter participates in such events entirely at his/her risk and without liability whatever on the part of the promoter, promoting club, Cycling Time Trials, its Chairman, directors, district committee members, officers and officials of member clubs, event secretaries (promoters), timekeepers, marshals, course measurers, caterers or helpers in the conduct of the event in respect of any injury loss or damage suffered by him/her however caused.
2. I understand that the function of the marshals in such events is to do no more than indicate the precise spot at which the rider should turn or the direction he or she should take and that the responsibility for safely negotiating a turn or any other change of direction must rest with the rider alone.
3. I understand further that all competitors in or in the vicinity of the event must observe the law of the land relating to road travel and when racing must ride entirely alone and unassisted.
4. I am satisfied that my son/daughter is sufficiently responsible and experienced to assume full and entire responsibility for his/her own safety whilst engaged in a competition of this kind on the public highway.
5. As an entrant to this event your son's/daughter's information may be shared on the event or promoting club website, social media pages or in emails sent by or on behalf of the promoting club. This data will only be shared in relation to your son's/daughter's participation in the event, e.g. the list of entrants, results or event reports. This data will be limited to your son's/daughter's name, gender, age or age category, the name of the affiliated club or team of which your son/daughter is a member and your son's/daughter's finishing time and/or position. A copy of the Cycling Time Trials data privacy notice can be accessed on the CTT website at <https://cyclingtimetrials.org.uk/articles/view/318> and I consent to my son's/daughter's personal data being used for such purposes.
6. I agree to my son/daughter participating in the Drug Testing Programme whenever required to do so.

**Signed**..... **Dated**.....

Photocopied signatures are not acceptable

**Witness: (Signature, name, address and official position in club)**

.....

.....