



**PARENTAL CONSENT  
Type B (Club) Sleaford Wheelers CC**

**(TO BE SIGNED BY PARENT OR GUARDIAN OF ENTRANTS UNDER THE AGE OF 18 years)**

I (Name and Address) .....

.....

.....

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

Who was born on: .....

Name of Event: SWCC Time Trials Date of Event: 2024 Season

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

I confirm that I have read and understand the rider declaration. I understand and agree that my said son/daughter participates in the events promoted under the Rules and Regulations of Cycling Time Trials, entirely at his/her risk and without liability whatever on the part of Cycling Time Trials, its Chairman, board members, district committee members, officers and officials of member clubs, event secretary (promoter), timekeepers, marshals, course measurers, caterers or helpers in the conduct of the events in respect of any injury loss or damage suffered by him/her however caused.

I understand that the function of the marshals in the 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***”.

I understand further that all competitors in or in the vicinity of the events must observe the law of the land relating to road travel and when racing must ride entirely alone and unassisted. 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 held wholly or in part on public or private property or on the public highway.

I confirm that I have read the Cycling Time Trials data privacy notice which can be accessed at [Cycling Time Trials: Data Privacy Notice](#)

and I consent to my son’s/daughter’s personal data being used for such purposes. This data will only be shared in relation to your son’s/daughter’s participation in the events, 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.

**I agree to my son/daughter participating in the Drug Testing Programme whenever required to do so.**

Signed..... Dated.....

***Photocopied signatures are not acceptable***