

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

CYCLING TIME TRIALS IS A COMPANY LIMITED BY GUARANTEE REGISTERED IN ENGLAND No: 4413282

To entry of rider under 18 years of age during the 2022 season in Sleaford Wheelers club events

l (Name and address)	
Being the parent (or guardian) of	
Who was born on:	
HEREBY AGREE to his/her participation in the club events promoted Regulations and DECLARE as follows:	for and on behalf of Cycling Time Trials under its Rules and
1. I understand and agree that my said son/daughter participates in whatever on the part of the promoter, promoting club, Cycling Time officers and officials of member clubs, event secretaries (promoters helpers in the conduct of the event in respect of any injury loss or day	Trials, its Chairman, directors, district committee members, , timekeepers, marshals, course measurers, caterers or
I understand that the function of the marshals in such events is to should turn or the direction he or she should take and that the respondirection must rest with the rider alone.	
3. I understand further that all competitors in or in the vicinity of the and when racing must ride entirely alone and unassisted.	
 I am satisfied that my son/daughter is sufficiently responsible and own safety whilst engaged in a competition of this kind on the public 	chighway.
5. As an entrant to this event your son's/daughter's information may media pages or in emails sent by or on behalf of the promoting club. son's/daughter's participation in the event, e.g. the list of entrants, r son's/daughter's name, gender, age or age category, the name of the member and your son's/daughter's finishing time and/or position. A accessed on the CTT website at https://cyclingtimetrials.org.uk/artic	This data will only be shared in relation to your esults or event reports. This data will be limited to your e affiliated club or team of which your son/daughter is a copy of the Cycling Time Trials data privacy notice can be
data being used for such purposes. I agree to my son/daughter participating in the Drug Testing Progr	
o. Fagree to my son/daughter participating in the Drug Testing Progr	annie whenever required to do so.
Signed Photocopied signatures are not acceptable	Dated
Witness: (Signature, name, address and official position in club)	



