



Parental Consent Form

The Dartington Duathlon is a race and takes place on public roads, paths and track. It is the personal responsibility of each participant to ensure that they run and cycle safely, with due respect for other, and in accordance with Law and the Highway Code. It is a requirement of the British Triathlon Federation that those under the age of 18 years must have the written consent of a parent or legal guardian before they participate.

The minimum age for any participant in this race is 15 years. Before giving consent you must be satisfied that the person in your care has the requisite level of fitness and that they are competent to race safely on public roads that are open to traffic. You must be satisfied that they understand the relevant law and highway code.

All entrants must wear a correctly fitting cycle helmet.

Rider's full name: _____

Date of Birth: ____ / ____ / ____

Parent or Guardian

I, (Name) : _____

of (Address): _____

Post Code: _____

Being the parent or guardian of the above rider ...

a) understand and agree that my son/daughter participates in the Dartington Duathlon entirely at his/her own risk. I have considered and understand the nature of such events and have discussed them with my son/daughter. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety whilst running or riding on the public highway.

b) I understand and have impressed upon my son/daughter that the event takes place on the open road and that they must observe the law relating to road use, as recommended by the Highway Code.

c) I agree that my son/daughter shall participate in the Dartington Duathlon without any liability whatsoever on the part of Just Events Ltd, organisers or any other officials in respect of any injury, loss or damage suffered by him/her, arising out of or in any way connected with participating in this event. This includes any claims, whether caused by negligence, the action or inaction of any of the above parties or otherwise.

d) I confirm that my son/daughter does not have any disability or medical condition, physical or mental, which could affect his/her ability to compete safely in this event.

e) I confirm that I have the legal right to provide consent for the above named person.

Signed: (Parent or Guardian) _____

Date: ____ / ____ / ____