

## Riverside Runners : Monthly Handicap

### PARENTAL CONSENT FORM (Under 18)

(PLEASE COMPLETE IN BLOCK CAPITALS)

**(Junior Runners) Full Name:** .....

Address: .....

Telephone .....

I acknowledge that taking part in the Monthly Handicap is not entirely risk free. I note that it takes place on uneven parkland, footpaths with kerbs, manholes and other similar hazards, and does cross several roads without supervision. I note that for part of the year, the event takes place in twilight or even darkness. Furthermore I understand the additional risks incurred as a result of the race environment. I also confirm that I am very familiar with the route. I have no known ailments or disabilities that may further increase the risk when participating in the run.

Signed (Under 18) : ..... Date : .....

I have ensured that I as parent / guardian / carer and my son / daughter understand the risks of participating in the Monthly Handicap unsupervised from start to finish. These include normal town running risks but in a race environment including uneven surfaces, unsupervised road crossings and also that they will be unaccompanied during the event. I also accept that my son / daughter can make their own way to / from the event and do not require any additional protection from anyone at Riverside Runners. I am not aware of any impediment that my son / daughter may have that would increase the risk when they participate.

I undertake to prevent my son / daughter participating if there are any changes in his / her medical health or fitness prior to any race or if I believe that my son / daughter is not suited to this type of event for any reason.

Signed (Parent / Guardian / Carer): ..... Date: .....  
(Give relationship to participant)

I as Club Captain have seen this athlete in training and believe that the athlete may be suited to participation in this type of event.

Signed (Club Captain) : ..... Date : .....