



Minor Child Participation Permission

Date:	
Event:	
Minor Child Name:	
Age:	
Parent/Guardian Name:	
Parent/Guardian Signature:	
Event Adult Participant Name:	

Parent/Guardian Approval

By approving this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and am fully aware that I am granting permission for the above-named minor child to participate in the White Clay Bicycle Club activity.

Permission to Participate

I hereby give my permission for the above-named minor child to participate in the designated White Clay Bicycle Club cycling activity.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter/minor child, named above, in case of injury as a result of athletic participation, to be given emergency attention/care and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur of such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that White Clay Bicycle Club will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in cycling activities. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter/minor child paralyzed, and that death could also occur as a result of a catastrophic injury.