Macmillan Dorset Bike Ride

Parent/guardian permission form

Or scan and email back.

| Before a young person (under 16 years) can undertake the Macmillan Dorset Bike Ride on |
|---|
| Sunday 7 th July 2024 the responsible parent/guardian must complete this form. |
| Name of parent/guardian: |
| Name of young person: |
| Date of Birth |
| Contact Number: Emergency Contact Number: |
| Please state your relationship (e.g. parent, teacher, etc) |
| Telephone number: HomeWork: Mobile: |
| Additional emergency contact name: |
| Telephone number: HomeWork: Mobile: |
| If any Participant is in any doubt over their physical ability or fitness level required for this event, advice should be sought from their GP prior to taking part in the event. If any of the above-named young persons have suffered or are suffering from any medical condition (for example a heart condition, epilepsy) which may impair their ability to participate in this event, permission should be sought and received from their GP before taking part in this event. |
| I understand that whilst all reasonable precautions have been taken to ensure safety of this event, there is a small element of risk involved in participating in any activity. |
| The Dorset Bike Ride Fundraising Group has taken precautions on behalf of Macmillan to ensure safety measures are in place for this event. As there is a small element of risk involved in participating (as there is with any fundraising event), Macmillan has arranged the necessary insurances and necessary risk assessments to safeguard all employees and volunteers have been conducted. |
| I confirm that I have agreed to be responsible for the above-named persons participating |
| in Macmillan Dorset Bike Ride on Sunday 7 th July 2024 and that they are fit to take part. |
| Signed:Date: |
| Please return this form prior to entering the event to: |
| Macmillan Cancer Support Dorset Bike Ride PO Box 1432 Broadstone BH18 9YE |