

Section A – PARTICIPANT AND PARENT/GUARDIAN INFORMATION

Child's name:		Child's date of birth	
Parent/Guardian's name:			
Address:			
Postcode:			
Telephone number home:		Telephone number mobile:	
Email address:			

Medical conditions (if applicable)

Details of any medical conditions or allergies your child has which you would like to make us aware of:

Section B – DECLARATIONS AND CONSENTS

By signing this form, I, being the parent/guardian of the above named child:

- give my consent to my child participating in activities at Lee Valley VeloPark which is operated by Lee Valley Regional Park Authority and I understand and agree that participating is at my child's own risk;
- confirm I have considered the nature of the activities and the risks involved and have discussed them with my child;
- confirm I am satisfied that my child is sufficiently competent and able to take responsibility for their own safety and to listen to, and understand, any safety briefings given to them;
- agree that first aid may be administered to my child if deemed necessary by a suitably qualified person;
- confirm I have provided details above of all of my child's medical conditions and/or allergies which I consider might be relevant and will ensure my child has any treatment close to hand;
- confirm that my child is able to ride a bike without stabilisers;
- understand that a cycling coach would only be able to assist my child if they followed the coach's instructions and I have discussed the importance of this with my child; and
- understand that the Lee Valley Regional Park Authority's [Standard Terms and Conditions of Sale](#) and the Lee Valley VeloPark Terms and Conditions apply.

We may occasionally film or take photographs of participants for publicity purposes, which may include reproducing images on the Lee Valley Regional Park Authority website. If you do not agree to us using photographs or footage that includes your child, please tick the box.

Signature of Parent/Guardian:	
Date:	