

Dalriada Festival 5k 2018 Parental Consent Form

Details

Name of child/young person: _____

Address: _____

Date of Birth: _____ (Under 12 must be accompanied by an adult for the duration of the run)

Name of parent / carer: _____

Telephone/Mobile Number: _____

Emergency contact information:

Name of alternative adult who can be contacted in an emergency: _____

Relationship to child/young person: _____

Telephone/Mobile Number of Emergency contact person: _____

Consent information: *please tick the boxes below*

Upon my signature below, I the parent/carer give my consent that if an emergency medical situation arises, a Dalriada Festival representative may act in loco parentis and consent to the administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be made to contact myself as parent/carer and thereafter the named alternative adult.

Upon my signature below, I the parent/carer confirm that I have read, or been made aware of, and understand that Dalriada Festival accepts no liability for injury or loss caused during the event. I the parent/carer accept the liability of injury or loss to the above named child/young person during the Big Fun Run event.

Upon my signature below, I the parent/carer accept and agree to the possibility of photographs being taken of the competitors which may be used in future Dalriada Festival promotional material or may appear in social media domains.

Signature of child/young person : _____**Print name child/young person:** _____**Date:** _____**Signature of parent / carer:** _____**Print name parent / carer:** _____**Date:** _____