

**Enterprise Association  
Parental Consent Form (for participants under 18 years)  
Please complete all sections in Block Capitals**



**Name of Participant:** .....  
Address .....  
with .....  
postcode: .....  
Date of Birth: ..... Age: .....

**Name of Parent or Guardian:** .....  
Relationship to Child: .....  
Home Phone: .....  
Mobile: .....

**Alternative Emergency Contact:** .....  
Relationship to Child: .....  
Mobile Number: .....

**Details of any known special dietary requirements / allergies / medical conditions:**

.....  
**Any other special needs / requirements / directions that the race organisers should be aware of:**

.....

**Medical Consent:**

I give permission to the organisers to administer any relevant treatment or medication to the above named participant when or if necessary.

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified as soon as possible of the hospital visit and any treatment given.

**Consent for use of images:**

I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures and live, taped or filmed television of or relating to the event.

I agree to notify the organisers of any relevant changes in my child's circumstances.

I confirm that my child is not under a court order.

Signed (Participant): .....

Signed (Parent/Guardian): .....

Print Name: .....

Date: .....