

## PARENTAL CONSENT FORM

### Assam Downhill Championship 5.0

Event Date: 5<sup>th</sup> & 6<sup>th</sup> April 2025

Location: Guwahati

#### Participant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

#### Parent/Legal Guardian Information

Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Consent and Acknowledgement

I, the undersigned, am the parent/legal guardian of the above-named participant. I hereby give my full consent for my child to participate in the Assam Downhill Championship 5.0, a competitive downhill mountain biking event.

I understand and acknowledge that:

- Downhill mountain biking is a high-risk sport involving challenging terrain, speed, and physical demands.
- Injuries, including serious ones, can occur.
- My child is in suitable physical and mental condition to participate.
- My child will wear all required safety gear, including a certified full-face helmet, gloves, and body protection.
- I voluntarily release the event organizers, volunteers, sponsors, officials, and landowners from any liability for injury, loss, or damage during the event.

I take full responsibility for any medical costs or treatment required. I also authorize event staff and medical personnel to administer emergency care as needed.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Info (optional):**

Allergies/Conditions: \_\_\_\_\_ Medications:

\_\_\_\_\_