

PARENTAL CONSENT FORM

Assam Downhill Championship 5.0

Event Date: 5th & 6th 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:
