

Kelly Roche House 619 North Circular Road, Dublin 1 (Ph) 353 1 8551522/ (Fx) 353 1 8551771 E: info@cyclingireland.ie / admin@cyclingireland.ie

2012 CONSENT FORM – CYCLING IRELAND Consent & Agreement of Parent or Guardian (only applicable when applicant is under the age of 18)

I hereby give consent to my son, daughter or person for whom I have a legal responsibility taking part in cycling events under the rules of Cycling Ireland or any other National Federation affiliated to the UCI. I understand that such events may be run on open roads.

I agree that no liability in respect of injury, loss or damage whatsoever shall attach to the promoter, promoting club, sponsor, race official, Provincial Federation or National Federation approving the event.

Signature of Applicant	Date://
Signature of Parent / Guardian	Date://
Name of Applicant Licence Applied For	:
Club Authorisation: I acknowledge that the above applicant is a member of this Cy Club.	cling Ireland affiliated
Name of Club: Signature of Club Offic	ial
Delete as appropriate: Secretary Treasurer Chairperson	Date://

Return to Cycling Ireland, 619 North Circular Rd, Dublin 1