LETTER OF PARENT/GUARDIAN CONSENT AGREEMENT

Surat City Half Marathon 2016

Dear Runner,

Our system has detected that you are below the age of 18 as of 25th September, 2016.

Therefore, it is compulsory to have this form signed by your parent/guardian and submitted to us.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission [PARENT/GUARDIAN NAME IN FULL] for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

[PARTICIPANT NAME IN FULL]

to participate in the above named activity and I warrant that my child is in good health. I accept the hazards involved in running and acknowledge that my child takes part in these activities at my risk.

I agree that Surat City Half Marathon 2016 shall not be liable for any loss, damage, illness or injury that might occur as a result of the participation of my child in the event.

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to all of the above stated considerations and conditions.

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[RELATIONSHIP TO CHILD/WARD] [ CONTACT NO. OF PARENT/GUARDIAN]

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[SIGNATURE OF PARENT/GUARDIAN] [DATE]