



Kelly Roche House
619 North Circular Road, Dublin 1
(Ph) 353 1 8551522

CYCLING IRELAND CONSENT FORM

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 _____ DOB: __/__/__

Signature of Parent / Guardian _____ Date: __/__/__

Parent or Guardian Email _____

Parent or Guardian Phone _____

Name of Applicant _____ Licence Applied For: _____

Club Authorisation:

I acknowledge that the above applicant is a member of this Cycling Ireland affiliated Club.

Name of Club: _____

Signature of Club Official _____

Delete as appropriate: Secretary Treasurer Chairperson Date: __/__/__

Cycling Ireland, 619 North Circular Road, Dublin 1

Tel: 01 855 1522 Web: www.cyclingireland.ie

