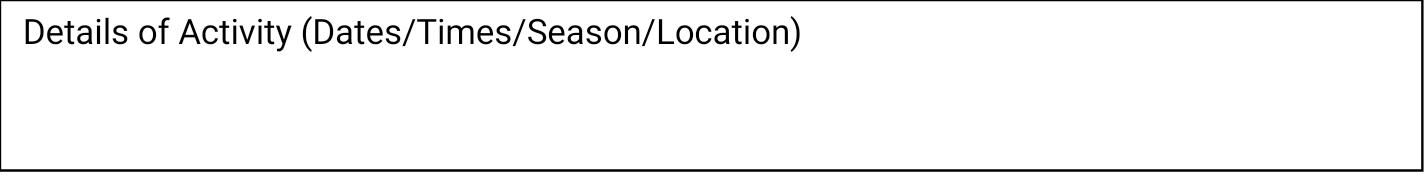
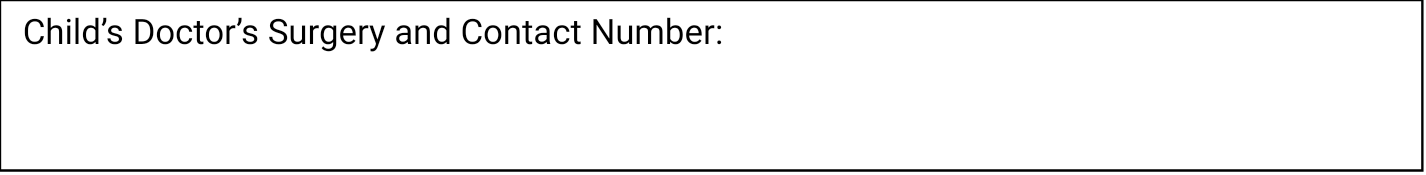
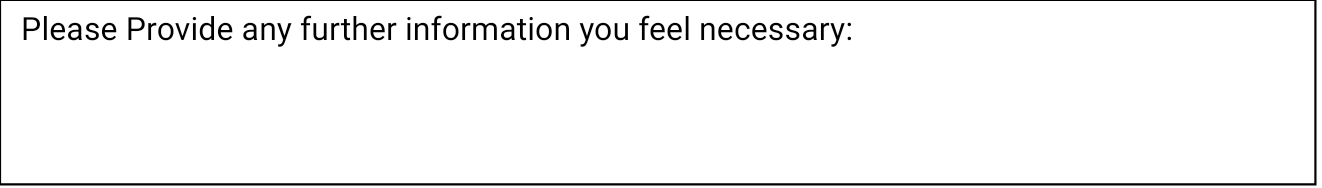
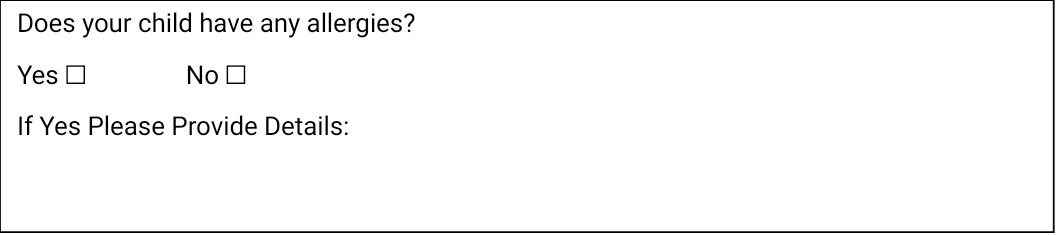
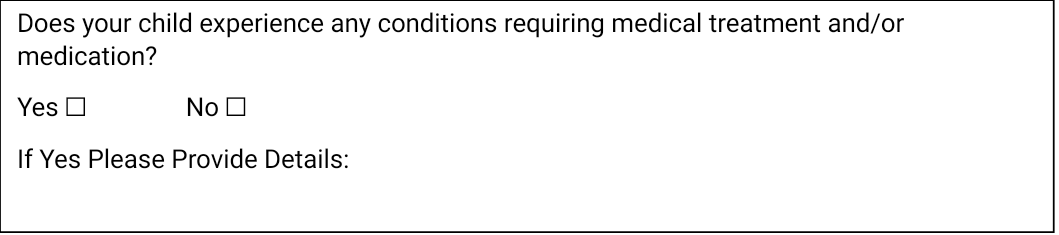
**Parental Consent Form**

**Emergency Contact Information**

Medical Information

* I have received details of the above activity and am aware of the British Triathlon’s child Protection Policy and Procedures.
* I consent to my child taking part in the activities detailed. I acknowledge that the club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child during the activity
* I agree to be at the drop-off/pick-up point at the agreed time.
* I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.
* I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.