



X-RUNNER Ltd
PO Box 8135, Derby, DE1 9DZ

**Parental Consent Form / Under 18yrs.
Permission to participate in a X-Runner event.**

This form must be completed by a parent or guardian for any participant under the age of 18yrs.

1. I agree for my son/daughter/ward taking part in an X-Runner event.
2. I undertake not to hold X-Runner Ltd responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the activities. I have read and understand aaa-adventure ltd terms and conditions and general form of disclaimer.
3. I understand the importance of advising the aaa-adventure ltd of any medical or special needs which may require particular attention in order to enable my son/daughter/ward's full and safe participation in the events.
4. I understand not to permit my son/daughter/ward to attend the visit if he/she is not in good health or has been in contact with an infectious disease within 2 weeks of the commencement of the event.
5. If at any point of the visit, he/she requires urgent medical treatment, and provided that I cannot be contacted personally, I give my permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.
6. I can confirm that I have read and accept x-runner Ltd General Form of Disclaimer [click here to read](#)
7. I can confirm that I have read and accept x-runner Ltd full Terms and Conditions [click here to read](#)

WARNING - Obstacle Racing is DANGEROUS

I understand, acknowledge and appreciate that there is a risk of injury from the activities involved including, but not limited to the following: (i) drowning; (ii) near-drowning; (iii) sprains; (iv) strains; (v) fractures; (vi), heat and cold injuries; (vii) dislocations; (ix) heart attack; (x) injuries involving running, climbing, swimming, jumping etc

Please complete child's details in block capitals

Family Name _____ Forename _____ Team Name _____

Age _____ Date of birth ____/____/____

Home address _____ Post Code _____

Telephone number _____ Mobile number _____

Medical Conditions / Medicines / No / Yes Please specify _____

Two emergency contacts & numbers

Name 1 _____ Number _____ Relationship _____

Name 2 _____ Number _____ Relationship _____

Signed _____ Print name _____

Relationship _____ Date ____/____/____

If there is any further information you wish to provide please complete on a separate page and add number of pages below.

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