

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

Parental Consent Form
Permission to participate in a aaa-adventure-ltd event

1. I agree for my son/daughter/ward taking part in an X-Runner event.
2. I undertake not to hold aaa-adventure ltd responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the activities, I have read and understands aaa-adventure ltd terms and conditions and general form of disclaimer.
3. I understand the importance of advising 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, understand and accept aaa-adventure-ltd General Form of Disclaimer [click here to read](#)
7. I can confirm that I have read, understand and accept aaa-adventure-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; (viii) 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 contact numbers (home & mobile)

Number 1 Name _____ **Relationship** _____

Number 2 Name _____ **Relationship** _____

Signed _____ **Print name** _____

Relationship _____ **Date** ____/____/____