

**FREDERICKSBURG CYCLISTS CLUB**  
**PARENTAL CONSENT AGREEMENT FOR UNACCOMPANIED MINOR PARTICIPATION**

And I, the Minor's Parent and/or Legal Guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the Minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the Releases named above, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost any may incur as the result of any such claim.

In the event of a accident or other occurrence and a parent is not contactable, I, the minor's parent and/or legal guardian, give permission for a representative of the Fredericksburg Cyclists Club to give consent for reasonable and necessary medical treatment in consultation with a physician. All due effort will be made to contact a parent or legal guardian before and during medical treatment. I agree that the Fredericksburg Cyclists representative will in no way be responsible for financial responsibility for the treatment this minor receives.

Printed Name of Minor: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Print Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent # 2 Cell Phone: \_\_\_\_\_ Other Phone Contact: \_\_\_\_\_

Parent/Guardian Signature (required only if participant is under the age of 18):

\_\_\_\_\_ I HAVE READ THIS RELEASE Date: \_\_\_\_\_

Relevant medical information for allergies to medications an other information which would be helpful in a situation where emergency care is being given:

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Photocopy of family/minor's medical card below

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