



Wild Gravel Cycling and Running Event Permission Form

Participant Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Emergency Contact Number: _____

Parent/Guardian Information:

- Full Name: _____
- Relationship to Participant: _____
- Contact Number: _____
- Email Address: _____

Permission Statement:

I, the undersigned, am the parent/guardian of the above-named participant. I hereby give my permission for my child to participate in the Wild Gravel Cycling and Running event on October 5, 2024. I understand that participation in this event involves physical activity and carries a risk of injury. I acknowledge that my child is in good health and physically capable of participating in this event.

I agree to release and hold blameless the event organizers, sponsors, and any affiliated parties from any liability for injury, loss, or damage that may occur as a result of my child's participation in this event.

Medical Information:

- Allergies: _____
- Medications: _____
- Special Medical Conditions: _____

Signature of Parent/Guardian:

- Signature: _____
- Date: _____