



Cycling Ireland,  
Sport Ireland Campus, Blanchardstown,  
Dublin 15, D15 CXC2  
(Ph) 353 1 8551522

**CYCLING IRELAND CONSENT FORM**

**Consent & Agreement of Parent or Guardian (only applicable when applicant is under the age of 18)**

I hereby give consent to my son, daughter or person for whom I have a legal responsibility taking part in cycling events under the rules of Cycling Ireland or any other National Federation affiliated to the UCI. I understand that such events may be run on open roads.

I agree that no liability in respect of injury, loss or damage whatsoever shall attach to the promoter, promoting club, sponsor, race official, Provincial Federation or National Federation approving the event.

Signature of Applicant \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent or Guardian Email \_\_\_\_\_

Parent or Guardian Phone \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Licence Applied For: \_\_\_\_\_

**Club Authorisation:**

I acknowledge that the above applicant is a member of this Cycling Ireland affiliated Club.

Name of Club: \_\_\_\_\_

Signature of Club Official \_\_\_\_\_

Delete as appropriate: Secretary Treasurer Chairperson Date: \_\_/\_\_/\_\_

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Tel: 01 855 1522 Web: [www.cyclingireland.ie](http://www.cyclingireland.ie)

