



# PARTICIPANT FORM

Information and consent.

Name

DOB

Gender

Parent Name

Contact

## CONSENT FORM:

Yes

No

1. I understand that activities carries certain risks which might be of physical, emotional, and mental nature.
2. I give my full consent to the administration of first aid and any other treatments in the event that I get injured or ill and indemnify and release all sponsors and organisers from any and all liability.

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**Does the athlete have any known medical conditions?**

**In case of an emergency, kindly contact:**

Name

Relation

Contact

## DECLARATION:

We, the parent/guardian of the athlete listed above, confirm that our daughter or son, \_\_\_\_\_, has been given our consent and permission to participate in all activities undertaken at the event Malta OCR 100.

Signature

Date