



24 Peaks Challenge

Parent/guardian consent form

The 24 Peaks Challenge Event (the “**Challenge**”) is open to participants who are aged 18 or over on the Challenge start date.

16 and 17 year olds may also participate in the Challenge with the written agreement of, and when accompanied on the Challenge by, a parent or guardian who is aged 18 or over and who formally agrees to take responsibility for them whilst on the Challenge. The participant’s parent or legal guardian (and nominated adult “**Accompanying Adult**”) if the parent or legal guardian is not joining the Challenge themselves but nominating another responsible adult to go in their place) must complete, sign and return this form as soon as possible and in any event before the registration closing date.

All information given on this form will be held in confidence.

Challenge name:

Challenge date:

Name of participant:

Daytime telephone number:

DOB:

Age on Challenge start date:

Doctor’s name:

Doctor’s address:

Name of the Accompanying Adult (if applicable):

Parent / legal guardian consent

1. I am the parent / legal guardian (delete as applicable) of _____ (name of young person) (the “**Participant**”) and I understand that the event that the Participant is applying to participate in is challenging and requires him/her to be in good physical condition on the Challenge date.

2. I agree to him/her participating in the Challenge detailed above.

3. I have completed the Challenge registration form on behalf of the Participant and I have read and understood the Challenge terms and conditions (the “**Terms and Conditions**”), and the information regarding the nature of the Challenge, and I understand what will be involved. I agree to the Terms and Conditions on behalf of the Participant.

4. I acknowledge that all reasonable care will be taken for the safety of those participating and that adequate staffing and other insurance and safety measures will be taken. I acknowledge and understand the extent and limitation of the insurance cover provided.

5. All of the personal information provided on the registration form is true and correct to the best of my knowledge.

6. I will clearly mark up any medicines that the Participant needs with their name and the dosage required and I will (or I will arrange for the Accompanying Adult to) inform the Challenge leader of all such medicines before the start of the Challenge.

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If an Accompanying Adult is appointed:

7. I confirm that I am satisfied that the chosen Accompanying Adult accompanying the Participant throughout the duration of the Challenge is responsible and able to make all required decisions on behalf of the Participant and I confirm that I have given them the authority to do so.

8. I consent to any emergency treatment necessary. If any delay required to obtain my express written consent to any medical treatment (including, for example, a surgical operation) might be considered reasonably likely to endanger the Participant's health or safety in the opinion of any appropriate doctor or surgeon, I authorise the Accompanying Adult to sign any written form of consent required on my behalf. In the absence of the Accompanying Adult in any such circumstances, I authorise the challenge leader to sign any written form of consent required on my behalf.

9. I consent to a copy of the information contained on the registration form to be shared with the Accompanying Adult and will notify the British Heart Foundation and the Accompanying Adult if any of the information contained in the registration form or this consent form changes before the Challenge date.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in the challenge.

.....
Signature

.....
Relationship to the Participant

.....
Print Name

.....
Date

Accompanying Adult consent

1. I undertake to act as the Accompanying Adult for the duration of the Challenge on behalf of the Participant named above

2. I acknowledge that, should I be injured and/or unable to continue with the Challenge, the Participant will not be permitted to participate in the Challenge for the duration of the time that I cannot participate and I acknowledge that, should the Participant be injured and/or unable to continue the Challenge, must accompany them at all times even though this means that I may no longer participate in the Challenge.

3. I am aware of the registration form completed by the Participant and I am aware of the relevant information relating to the Participant, including but not limited to details of their medical conditions (if applicable) and next of kin.

.....
Signature

.....
Print Name

.....
Date

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