



## The 39<sup>th</sup> Great Christmas Pudding Race Saturday 7<sup>th</sup> December 2019

## **CONFIDENTIAL Under 18s Parental Consent Form**

NAME OF YOUNG PERSON:	AGE
ADDRESS:	
	TEL No:
1. I am the parent or legal guardian of the young person named above, and I give my consent for them to volunteer at the Great Christmas Pudding Race.	
2. I confirm that I understand that I am wholly responsible for them and their actions, and that Cancer Research UK, the volunteer organisers, nor any other person or organisation accepts liability for any loss or damage that may occur because of their participation, other than incurred through negligence or wilful default.	
3. I understand that the event may be cancelled, or that the grounds of safety.	they or I may be stopped from participating, on
NOTE: If you or your child has a medical condition or disactivities please provide details. If you are in doubt abou event please consult your doctor.	
DATA PROTECTION:	
I confirm that I am aware and consent to photographers that we may be included, either intentionally or unintent that photographs and videos taken of the event may be used by them for news or publicity purposes.	tionally, in posed and background shots. I agree
Cancer Research UK will use personal data from this Parental Consent Form for the purposes of processing volunteer registrations. Personal data will not be passed on to any other organisation other than those involved in the event. By providing us with any personal data, you consent to the terms and conditions of our Privacy Statement available at www.cancerresearchuk.org.	
Signature: Da	ite:
Name:	
Relationship to Participant:	

