



PARENT/GUARDIAN WAIVER AND CONSENT FORM FOR MINOR PARTICIPANTS

FunRide PH 2026



MINOR PARTICIPANT INFORMATION

Name: _____

Address: _____

Age: _____

Gender: _____

Category: _____

Contact Number: _____

Email Address: _____



PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Relationship to Minor: _____

Contact Number: _____

Email Address: _____



EVENT DETAILS



Event Name:
FunRide PH 2026



Date:
November 7, 2026 (Saturday)



Venue:
Quirino Grandstand,
Luneta Park, Manila



PARENT/GUARDIAN CONSENT AND WAIVER

I, _____, am the parent/legal guardian of the above-named minor participant. I hereby give my full permission and consent for my child to participate in FunRide PH 2026.

I acknowledge that cycling is a physical activity that involves inherent risks, including but not limited to falls, collisions, injuries, illness, disability, property damage, or, in rare cases, death. I certify that my child is physically fit, in good health, and capable of safely participating in this event.

I voluntarily assume all risks associated with my child's participation. I hereby release, waive, discharge, and hold harmless the event organizers, partners, sponsors, volunteers, officials, venue management, and all persons connected with the event from any and all claims, liabilities, damages, costs, or expenses arising from or related to my child's participation, except in cases of gross negligence or willful misconduct.

In the event of an emergency, I authorize the event organizers to obtain appropriate medical treatment for my child if I cannot be immediately contacted. I understand that I am responsible for any medical expenses incurred.

I also grant permission to the organizers to use photographs, videos, or other media containing my child's image taken during the event for promotional, marketing, documentation, and publicity purposes without compensation.

By signing below, I confirm that I have carefully read and fully understood this Waiver and Consent Form and voluntarily agree to all of its terms and conditions.



SIGNATURES

Minor Participant's Signature: _____

Date: _____

Emergency Contact Person: _____

Relationship: _____

Emergency Contact Number: _____

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____



FOR ORGANIZER'S USE ONLY

Registration No.: _____

Verified by: _____

Date Received: _____