

PARENTS' HEALTH STATEMENT  
*(if participant is under 18 years of age on the date of the competition)*

I, \_\_\_\_\_,  
(Full Name)

Identification document:

Number \_\_\_\_\_, issued by \_\_\_\_\_ date of issue \_\_\_\_\_,

Mobile phone number: +7 (\_\_\_\_) \_\_\_\_\_

Being a legal parent of my son (daughter)

\_\_\_\_\_  
(Full Name)

I hereby certify that bear full responsibility for allowing my son (daughter) to participate in the bike race at the distance of 14k (underline as appropriate), which will take place in Almaty on 20 August, 2017. I confirm the absence of my son's (daughter's) diseases that are dangerous to life and health of my son (daughter) when participating in the race.

I fully aware of all possible consequences and risks of taking part in Tour of World Class Almaty race. I waive any material claims against the CF "Courage to be the first" organizers regarding the health of my child, and lost personal belongings during the competition.

I give my consent to the participation of my son (daughter) in this event

"\_\_\_\_" August 2017

Signature \_\_\_\_\_