

Date :

Ms. Melody Tan

Event Director

Malakoff University Duathlon Series 2011

Fax : 03-7710 9985

Dear Ms. Tan

Malakoff University Duathlon Series 2011

I, as the Parent / Guardian of
..... I.C. Number am aware
and give consent to my to take part in Malakoff University Duathlon
Series 2011 on 24^h September / 1st October / 15th October 2011. I, hereby certify
that the particulars above are correct and that the racer is entering the Malakoff
University Duathlon Series 2011 race course at my own risk and will not hold the
organisers / sponsors / organising committee responsible for any accident / injury /
death / loss of property arising before, during and after the Malakoff University
Duathlon Series 2011 on 24^h September / 1st October / 15th October 2011.

My charge has / has not (*please cross out one*) ridden on this race course prior to
this race. My charge will be accompanied by
during the event.

Yours sincerely

.....

Name :

Address :

Telephone :