**CONSENT FORM**

**EVENT: LARIAN KANSER UMBI 2017**

**DATE: 7TH OF MAY 2017**

**TIME: 6.30 am to 10 am**

**VENUE: DATARAN PANGGUNG SENI, UKM BANGI**

I grant permission for (participant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in LARIAN KANSER UMBI/UMBI CANCER RUN 2017 which will be held on the 7th of May 2017 at Dataran Panggung Seni, UKM Bangi from 6.30 am to 10.00 am.

I understand that the program entails physical/athletic activities that may carry some risks. I have read the race information and terms & conditions offered by the organizer. I accept any risks associated with the activities. I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

Parent or Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date