

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM

Race No.

Race: _____

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional): _____

Category. Please circle below as appropriate.

Race details will state e.g. 'AGE ON DAY' or 'AGE ON 31ST DECEMBER'.

BOY: U9B U11B U13B U15B U17B U19B

GIRL: U9G U11G U13G U15G U17G U19G

Address: _____

_____ Postcode: _____

Phone No: _____

Accompanying Adult / Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

- I accept the hazards inherent in fell running and acknowledge that I am entering and running this race at my own risk.
- I confirm that I am aware of the rules imposed on me by the Race Organiser and that I will comply with them.
- I confirm that I have read and will comply with, the "Fell Running - Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether I have the skills equipment and fitness to participate in this event.
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to me or my property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).

Signed: _____ Date: _____

Parent/Legal Guardian (signature not required if Parental Consent Form is used)

Phone No.(if different from Emergency Contact above): _____

Parental Consent confirmed by (please tick). Not required if 18 on the day.

Race Entry Form

Parental Consent Form

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