	I Runners R RACE E		Race No.			
Race:						
Full Nam	ne:					
Club:						
Date of E	Birth:		Age:			
Email Ad	ldress (opti	onal):				
	. Please cir year' (e.g. i					s are defined as 'age
BOY:	U10B	U12B	U14B	U16B	U18B	U20B
GIRL:	U10G	U12G	U14G	U16G	U18G	U20G
Address:						
					Postcod	e:
Phone No):					
Accompa	nying Adult /	Emergenc	y Contact:			
Phone No	D:			_Vehicle F	Registratior	n:
 and ru I confithat he I confit for Ru I acknown the sk I accellable to arising injury I constime a above 	inning this ra rm that I am e/she will courm that I hav nners". owledge and ills equipmen pt that neithe to my child for gout of their as a result o ent to public nd race posi	aware of the mply with the read, and agree that and fitneer the Race or any injurparticipation of my tion in race trusted par	own risk. The rules implied. That my class to partice Organiser y, loss or don in this rangence). The child's nare pre-entry attentions.	posed on manifold will compare in this nor the Fe amage of a ce (other the ne, club, rained results sations (e.g.	ny child by mply with, the determining sevent. If Runners any nature han in respondence categoralists, and the g. UK Athles	that my child is entering the Race Organiser and he "FRA Requirements g whether my child has Association shall be to them or their property ect of death or personal y, race number, finishing to the sharing of all the etics) for disciplinary sport.
Signed:					Date:	
Parent/Leg	al Guardian (s	signature not	required if F	Parental Con	sent Form is	s used)
Phone N	O. (if different	from Emerg	ency Contac	ct above):		
Parental Race En		confirmed	l by (pleas	,	ot require Consent I	d if 18 on the day. Form

The Fell F)nnoro	Associa	tion I td						
The Fell R				<u>i</u>	Race No.				
Race:									
Full Name:									
Club:									
Date of Birt	h:				Age:				
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BOY:	U10B	U12B	U14B	U16B	U18B	U20B			
GIRL:	U10G	U12G	U14G	U16G	U18G	U20G			
Address:	ddress:Postcode:								
Phone No:									
Accompanyi	ng Adult /	Emergency	Contact: _						
Phone No:				_Vehicle	Registration	ı:			
 I accept the hazards inherent in fell running and acknowledge that my child is entering and running this race at their own risk. I confirm that I am aware of the rules imposed on my child by the Race Organiser and that he/she will comply with them. I confirm that I have read, and that my child will comply with, the "FRA Requirements for Runners". I acknowledge and agree that I am responsible for determining whether my child has 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 my child for any injury, loss or damage of any nature to them or their property arising out of their participation in this race (other than in respect of death or personal injury as a result of their negligence). I consent to publication of my child's name, club, race category, race number, finishing time and race position in race pre-entry and results lists, and to the sharing of all the above details with trusted partner organisations (e.g. UK Athletics) for disciplinary purposes or otherwise where necessary in the interests of the sport. 									
Signed:									
Parent/Legal (Guardian (si	gnature not r	equired if Pa	arental Co	nsent Form is	used)			
Phone No.	(if different	from Emerge	ncy Contact	above): _					
Parental C Race Entry		onfirmed		-	lot required Consent F		e day.		