

The Fell Runners Association Ltd

RACE NUMBER _____

JUNIOR RACE ENTRY FORM:AUSTWICK AMBLE FELL RACE 25th MAY 2015

FULL NAME _____

ADDRESS _____

POSTCODE _____

PHONE NUMBER _____ EMAIL _____

CLUB _____

DATE OF BIRTH _____ AGE ON 1st JAN 2015 _____

CATEGORY (Circle below as appropriate)

BOY U12B U14B U16B U18B

GIRL U12G U14G U16G U18G

ACCOMPANYING ADULT OR OTHER EMERGENCY CONTACT

NAME _____ PHONE _____

VEHICLE REGISTRATION _____

PARENTAL CONSENT. I UNDERSTAND THAT THIS RACE IS HELD IN ACCORDANCE WITH BOTH THE RULES AND SAFETY REQUIREMENTS OF THE FRA. I CONFIRM THAT I AM AWARE OF THE ORGANISERS INFORMATION AND REQUIREMENTS IN CONNECTION WITH THIS RACE. I ACCEPT THE HAZARDS INVOLVED IN FELL RUNNING AND ACKNOWLEDGE THAT MY CHILD ENTERS AND RUNS THIS RACE AT MY RISK. ALTHOUGH THE ORGANISER TAKES PRIMARY RESPONSIBILITY FOR THE SAFETY OF JUNIORS, I CONFIRM THAT I UNDERSTAND THAT THE ORGANISER ACCEPTS NO LIABILITY TO ME FOR ANY LOSS OR DAMAGE OF ANY NATURE TO MY CHILD OR OUR PROPERTY ARISING OUT OF HIS/HER PARTICIPATION IN THIS RACE, OTHER THAN THE ORGANISER'S LIABILITY FOR CAUSING DEATH OR PERSONAL INJURY BY NEGLIGENCE.

Signed _____ DATE _____

Parent/Legal Guardian (Signature not required if valid Parental Consent Form is presented)

PHONE NUMBER_(if different from emergency number given above) _____

PARENTAL CONSENT CONFIRMED BY (Please tick as appropriate) :RACE ENTRY FORM PARENTAL CONSENT FORM OTHER (Specify below)

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