The Fell R JUNIOR R			Race No.						
Race:									
Full Name:									
Club:									
Date of Birt	h:			Age:					
Email Addre	ess (option	nal):							
Category.	Please	circle belo	ow as app	oropriate.					
Jse age at 31s					•				
BOY:	U9B		U13B		U17B				
GIRL:	U9G	U11G	U13G	U15G	U17G	U19G			
Address:									
						le:			
Phone No:									
Phone No:	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 Emerge	ncy Contact	above):					
Parental Consent confirmed by (please tick). Not required if 18 on the day.									
Race Entry	Form			Parental	Consent F	orm			

Data Protection Notice : By entering you agree that we may publish your Personal Information as part of the results of the Event and may pass such information to the governing body or any affiliated organisation for the purpose of insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age category.

The Fell F JUNIOR F			Race No.							
Race:										
Full Name:										
Club:										
			Age:							
Email Addr										
Category.	Please	circle belo	ow as app	propriate.						
Use age a BOY:	U9B	U11B	U13B	U15B	U17B	U19B				
GIRL:	U9G	U11G	U13G	U15G	U17G	U19G				
Address:					_ Postcode:					
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Accompan	ying Adul	t / Emerge	ency Cont	act:						
Phone No:		Vehicle Registration:								
enterin I confirm and tha I confirm Requir I acknow have th I accept shall b propert	ig and run in that I ar at I will co in that I ha ements for wledge ar he skills e t skills e t that neit e liable to ty arising	omply with ave read a or Runners nd agree t equipment her the Ra o me for ar	race at my f the rules them. ind will co s [°] . hat I am r and fitnes ace Organ ny injury, I participat	y own risk imposed mply with, esponsible is to partic iser nor th oss or dan ion in this	on me by , the "Fell e for deter cipate in the Fell Ru mage of a race (othe	the Rac Running mining v nis event nners As ny natur er than ii	ce Organiser) - whether I			
Signed:					Date:					
Parent/Legal	Guardian (s	signature not	required if F	Parental Con	isent Form is	s used)				
Phone No.	(if different	from Emerge	ency Contact	t above):						
Parental C	onsent o	confirmed	l by (pleas	se tick). N	Not require	ed if 18 o	on the day.			
Race Entry Form Parental Consent Form										
Diretection N	lation · Dv c	ntoring you	oaroo that y		lich vour Do	roonal Infe	armation as part of			

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