

The Fell Runners Association Ltd  
**JUNIOR RACE ENTRY FORM**

Race No.

Race: Junior Quarry Runs

Full Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Category. Please circle below as appropriate.**

**Race details 'AGE AT 31<sup>ST</sup> December 2017'. Must be 6 years old**

BOY: BU9 BU11 BU13 BU15 BU17

GIRL: GU9 GU11 GU13 GU15 GU17

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)

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