

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM
Junior Ilkley Moor Fell Race

Race No: _____

Minimum age on day: 6

Full Name: (PRINT) _____

Club: _____

Minimum Age to enter: 6 Years Date of Birth: _____ Age today: _____

Email: (optional) _____

Category: Circle below as appropriate (Age as on 31/12/2017)

U09G U11G U13G U15G U17G U19G

U09B U11B U13B U15B U17B U19B

Please complete in full

Address: _____

Post Code: _____

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: 26/02/2017

If under 18, Parent/Legal Guardian or refer to Parental Consent Form

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

Parental consent confirmed by: (please tick as appropriate)

Race Entry Form: Parental Consent Form:

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