

**The Fell Runners Association Ltd**  
**PARENTAL CONSENT FORM FOR JUNIOR FELL RUNNERS**

Part 1 – JUNIOR RUNNER'S DETAILS

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

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

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Part 2 – PARENT OR LEGAL GUARDIAN'S DETAILS

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

Relationship to Junior Runner: \_\_\_\_\_

Phone Nos – Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact (name, phone no.): \_\_\_\_\_

- I consent to my child, whose details are set out in Part 1, taking part in fell running training and competition until the date I specify below.
- I understand that Fell Races are held in accordance with the Rules and Safety Requirements of the FRA and that activities are carried out in accordance with the FRA Welfare Policy.
- If I do not accompany my child to the fell running event I will ensure that he/she is in the care of a responsible adult.
- I accept the hazards inherent in fell running and acknowledge that my child takes part in these activities at their own risk.
- I confirm that I am aware that additional rules may be imposed on runners by the Race Organiser and that my child will be required to comply with them as a condition of entry.
- I confirm that I have read the "FRA - Requirements for Runners", have explained these requirements to my child and will ensure that my child complies with them.
- 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).
- In the event of any illness or accident during these activities, I consent to any necessary medical treatment being administered to my child, including anaesthetics.

Duration of Consent: Until 31 December 20 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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