

JUNIOR ENTRY FORM - AUSTWICK AMBLE

The Fell Runners Association Ltd

RACE NUMBER _____

FULL NAME (BLOCK CAPS PLEASE) _____

ADDRESS _____

_____ POSTCODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

CLUB _____

DATE OF BIRTH _____ AGE ON 31st DEC 2025 _____

CATEGORY (Circle below as appropriate) **NB age at 31ST DECEMBER 2025**

BOY **U11B** **U13B** **U15B** **U17B** **U19B**

GIRL **U11G** **U13G** **U15G** **U17G** **U19G**

NB: MINIMUM AGE TO TAKE PART IS 8 YEARS OLD ON DAY OF RACE

ACCOMPANYING ADULT / EMERGENCY CONTACT

NAME _____ PHONE _____

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 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



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