

FRA Parental Consent Form for Junior Fell Runners, 2017

Junior runners (those aged under 18 on the day of the race) must have the consent of their Parent or Legal Guardian before entering and taking part in an FRA Fell Race. This consent may be obtained either by the parent/guardian signing an event entry form on behalf of the runner, or by the use of this Parental Consent form. Completion of this form is not required for every event and it remains valid up to the 'Duration of Consent' date, or until revoked in writing.

The normal Event Entry Form (as issued by the Event Organiser) must also be completed for entry into any specific event, but need not be signed if the Parental Consent form is available. See the Notes section for a full description of the acceptable process.

Printable versions of the form are available on the FRA web-site.

Information

PART 1 – Junior Runner's Details

Full name, date of birth, address (including postcode).

PART 2 - Parent's Or Legal Guardian's Details

Full name, relationship to Junior Runner.

Telephone numbers (landline and mobile if possible).

Alternative Emergency Contact details, full name, telephone number.

Consent and Disclaimer

- 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

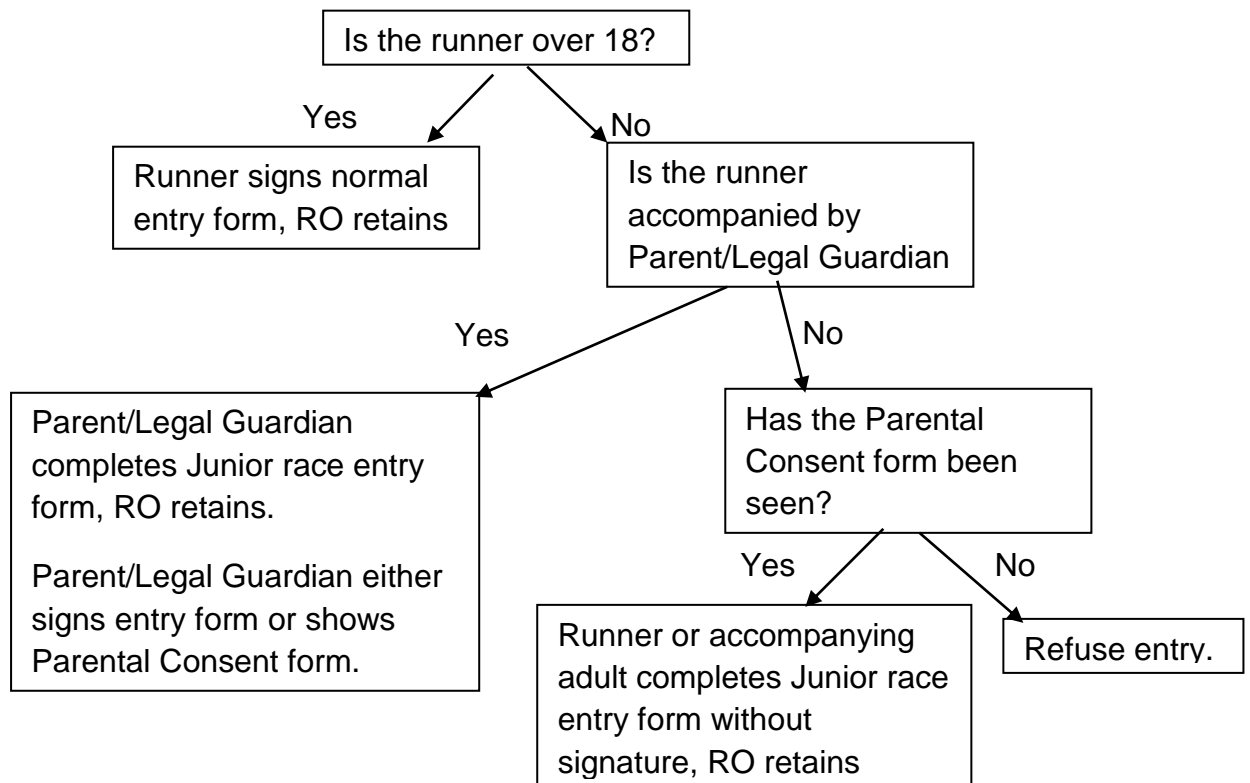
The duration of consent (end date) must be completed.

Notes

The purpose of this Parental Consent Form is to enable a parent or legal guardian to give consent for his/her under 18 child to participate in fell running activities. This may be for training sessions, particular specific events, or unspecified races over a defined period of time. It also provides medical and other information in case there should be an incident.

The form will be available from the FRA website and the FRA Fixtures Calendar & Handbook.

The original of the form should be retained by the parent/legal guardian. Copies may be given to the junior's fell running or athletic club and to any adult accompanying the junior at an activity. The Race Organiser will use the following approach on accepting entry of a junior runner into the event:-



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: _____

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.
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Duration of Consent: Until 31 December 20 _____

Signed: _____ Date: _____