The Fell Runners Association
PARENTAL CONSENT FORM FOR JUNIOR FELL RUNNERS

PART 1 - CHILD'S DETAILS

FIRST NAME: _____   LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS_____

_____POSTCODE _____

RELEVANT MEDICAL INFORMATION (ANY CONDITIONS REQUIRING TREATMENT, , MEDICATION, ALLERGIES):

_____

_____

ANY OTHER RELEVANT INFORMATION (E.G. DIETARY):

_____

_____

PART 2 - PARENT'S OR LEGAL GUARDIAN'S DETAILS

Name: _____   Relationship to child _____

Telephone numbers: (Landline) _____   (Mobile) _____

Alternative emergency contact:

Name: _____   Tel number: _____

PART 3 - ACTIVITIES SPECIFIED

Training sessions: YES ☐   NO ☐   All fell races: YES ☐   NO ☐

Specified races   YES ☐   NO ☐

Name(s) of specified race(s)   Age Category   Date(s) of race(s)

_____   _____   _____

_____   _____   _____

PART 4 - PARENTAL CONSENT

(1) I consent to my child, whose details are set out in Part 1, taking part in fell running training and competition as specified in Part 3 until the date I specify below.

(2) I understand that fell races are held in accordance with both the rules and safety requirements of the FRA and that activities are carried out in accordance with the FRA Welfare Policy.

(3) I accept the hazards involved in fell running and acknowledge that my child takes part in these activities at my risk. Although the organisers take primary responsibility for the safety of children in these activities, I confirm that I understand that they accept no liability to me for any loss or damage to my child or our property arising out of his/her participation, other than the organiser's liability for causing death or personal injury by negligence.

(4) In the event of any illness/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: _____ (Parent/legal guardian)   Date: _____