Form 2 - Saunders Lakeland Mountain Marathon
Parental/Guardian Consent Form for ALL teams with a JUNIOR RUNNER

Team Number _____ (leave blank) Course _____

Part 1 – JUNIOR RUNNER ("My Child")

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

_____ Postcode: _____

Part 2 – PARENT/LEGAL GUARDIAN

Full Name: _____

Relationship to Junior Runner: _____

Address (if different to above):_____

_____ Postcode: _____

Phone Nos – Landline: _____ Mobile: _____

Number of parent or guardian at home _____

- I consent to my child, whose details are set out in Part 1, taking part in the Saunders Lakeland Mountain Marathon ("SLMM").
- I understand that the SLMM is 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.
- 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 further confirm that my child fully understands his/her obligations to comply with them. .
- I accept that neither the Organisers of the SLMM nor the Fell Runners Association shall be liable for any injury, loss or damage of any nature to my child or their property arising out of my child's 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 appropriate medical treatment being administered to my child, including anaesthetics.
- I agree to comply with the SLMM photographic policy and consent to photographic permissions in line with that policy

Signed by Parent or Guardian: _____ Date:_____