

Relay - Team Changes Sheet

If making a swap, or adding a replacement, we only need to know the new runner(s) in the team. Please identify the team and leg number below and fill in the athlete details.

Even if they are moving from another team, add the full details.

If you have more than 5 changes, please use another change sheet

Team Number	Leg Number		Club	DOB	Age on Day	Male/Female
		Athlete 1:				
		Address:				
		Athlete 2:				
		Address:				
		Athlete 3:				
		Address:				
		Athlete 4:				
		Address:				
		Athlete 5:				
		Address:				

Minimum Age 12 on day of race

Team Contact Person: _____ (Must be an adult)

Address: _____

Email Address: _____ **Contact Telephone:** _____

- 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 FRA "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)
- The provision of any search and rescue cover is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances

I confirm that all team members are aware of this, understand the rules of the event and agree to abide by them.

Signed : _____ **Date:** _____
Team Contact Person

Hand in completed change sheet on the evening of the event at registration