



WELSH ATHLETICS  
ATHLETAU CYMRU

Return completed form to the Licence/Permit Officer :

Mr Phil Jones, Glan y Gors Uchaf,  
Waunfawr,  
Caernarfon.  
LL55 4SD  
Tel - 07833 194296

E:mail - [mountainpermits.north@welshathletics.org](mailto:mountainpermits.north@welshathletics.org)  
Or [philtan@gygjones.orangehome.co.uk](mailto:philtan@gygjones.orangehome.co.uk)

Licence /
Permit No: .....
Issued: .....
Amount Paid: .....
Closed Event: .....

## UK Athletics & Welsh Athletics

### MOUNTAIN / HILL / FELL RACE LICENCE/PERMIT APPLICATION FORM

**Part A:** To be completed by the club organisation

**Part B:** To be completed by the organiser



#### Part A

**EVENT** \_\_\_\_\_

**DATE OF EVENT** \_\_\_\_\_

**PROMOTING BODY / CLUB / ORGANISATION** \_\_\_\_\_

With the authority of and on behalf of the above named organisation, I apply for a Race Licence/Permit and for the above named event to be registered as approved by the UK Athletics.

I undertake on behalf of the above named organisation that the race will be conducted in conformity with the UK Athletics Rules of Competition and Safety Requirements as well as relevant National Legislation. In signing this declaration your attention is drawn particularly to the rule that requires an additional entry fee of £2 over and above the general entry fee. This applies for all entries accepted from unattached/unregistered runners who are not current members of Athletic Clubs affiliated directly or indirectly to Welsh and UK Athletics. The full amount of such additional entry fees [levies] must be remitted to the relevant Athletics Regional Licence/Permit Officer within one month of the date of the race)

The details below may be used for publication.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANTS FULL NAME** \_\_\_\_\_

**APPLICANTS POSITION** \_\_\_\_\_

**APPLICANTS ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**DAY TEL No** \_\_\_\_\_ **EVENING TEL No** \_\_\_\_\_

**FAX No** \_\_\_\_\_ **MOBILE No** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **WEBSITE ADDRESS** \_\_\_\_\_

**Part B**

**PLEASE PROVIDE FULL DETAILS OF PROPOSED EVENT AS FOLLOWS:**

**LAST YEARS LICENCE/PERMIT NUMBER** (If applicable] \_\_\_\_\_

**EVENT HEADQUARTERS** \_\_\_\_\_

**SENIOR RACE**

**EXACT DISTANCE** \_\_\_\_\_ **ASCENT** \_\_\_\_\_ **RACE CATEGORY** \_\_\_\_\_

**START TIME** \_\_\_\_\_

**START LOCATION** \_\_\_\_\_ **FINISH LOCATION** \_\_\_\_\_

GRID REFERENCE NUMBERS TO BE INCLUDED FOR START AND FINISH LOCATIONS.  
BRIEF COURSE DESCRIPTION. (A MAP SHOWING THE ROUTE MUST BE ENCLOSED):

**JUNIOR RACES**

**EXACT DISTANCE** \_\_\_\_\_ **ASCENT** \_\_\_\_\_ **RACE CATEGORY** \_\_\_\_\_

**START TIME** \_\_\_\_\_

**START LOCATION** \_\_\_\_\_ **FINISH LOCATION** \_\_\_\_\_

GRID REFERENCE NUMBERS TO BE INCLUDED FOR START AND FINISH LOCATIONS.  
BRIEF COURSE DESCRIPTION. (A MAP SHOWING THE ROUTE MUST BE ENCLOSED):

**ALL RACES**

**ENTRY LIMIT/S** \_\_\_\_\_ [If applicable]

**CLOSING DATE FOR ENTRIES** \_\_\_\_\_ [If applicable) **ENTRIES ON DAY? YES / NO**

**ENTRY FEES: ATTACHED; £** \_\_\_\_\_ **UNATTACHED** [including additional £2 levy:] £ \_\_\_\_\_

On behalf of the Club or Organisation I confirm the following in respect of the event (please tick the relevant boxes):

**Planning and Access**

- UK Athletics Rules of Competition and Safety Requirements will be complied with
- Consideration has been given to the use of search and rescue / first aid organisations
- Permission has been obtained from landowners to cross or access land
- Access to the venue, the start and finish areas and the venue area will be safe and able to cope with the expected numbers and conditions
- Environmental protection has been assessed to minimise any adverse affect on the venue or race route areas
- Toilets are provided or are nearby for all championship events

**The Course**

- An accurate distance and total ascent has been advertised
- The course will be signed, taped and marshalled to a standard that will ensure runners keep to the approved route or a declaration will be made that navigation skills are required
- Marshals will be briefed and visible to race entrants
- The course will be cleared of tape, signs, litter, etc. as soon as practical

**Medical Support**

- Suitable provision of first aid and medical support has been assessed according to the severity and nature of the route, distance, size of field and likely temperature

**Risk Assessment**

- A risk assessment has been carried out to demonstrate that sufficient Duty of Care and any risks associated with the event have been appraised and planned accordingly

**Licence/Permit Matters**

- The licence/permit will be available for Inspection at the venue
- The unattached entry levy will be shown on event literature
- Within one month of the event the Mountain/Hill/Fell Licence/Permit Officer will be sent a copy of the results and a cheque for any unattached entry levies

**Signed \*** ..... **Print Name**..... **Date** .....

LICENCES/PERMITS ARE ISSUED FREE TO CLUBS / ASSOCIATIONS / ORGANISATIONS AFFILIATED TO THE WELSH ATHLETICS

This application must be accompanied by

- 1) A copy of the proposed entry form
- 2) A map of the course showing the race route

PUBLIC LIABILITY INSURANCE UP TO A MAXIMUM LIABILITY OF £50,000,000 ON ANY ONE OCCURRENCE IS AUTOMATICALLY GIVEN TO ANY FELL, HILL OR MOUNTAIN RACE FOR WHICH A UK ATHLETICS LICENCE/PERMIT IS ISSUED. AN EXCESS OF £500 IS PAYABLE ON THE FIRST AND EACH SUBSEQUENT CLAIM MADE UNDER THE LIABILITY INSURANCE.

WHEN COMPLETED, THIS FORM SHOULD BE SENT TO THE LICENCE/PERMIT OFFICER AS DETAILED BELOW:

**Mr Phil Jones**, Glan y Gors Uchaf, Waunfawr, Caernarfon LL55 4SD  
 Tel - 07833 194296 E: mail - [mountainpermits.north@welshathletics.org](mailto:mountainpermits.north@welshathletics.org)  
 Or [philtan@gygjones.orangehome.co.uk](mailto:philtan@gygjones.orangehome.co.uk)

IF REQUIRED HE IS AVAILABLE TO GIVE ADVICE ON ANY ASPECT OF THIS FORM OR ON THE EVENT ITSELF.

**REGION / WELSH ATHLETICS ADMINISTRATION USE ONLY**

**APPLICATION APPROVED BY** \_\_\_\_\_ **REGION** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **Licence/Permit Officer**      **DATE** \_\_\_\_\_

\* **DATA PROTECTION.** The Information you provide will be held on a database and will be held in the strictest confidence.