

MOUNTAIN/HILL/FELL RACE LICENCE APPLICATION FORM

Organisers must understand that the responsibility for the accuracy of the information and carrying out the undertakings given in this application is theirs alone.

Neither Welsh Athletics/UK Athletics nor the Licence Secretary check the accuracy of the supplied information or invigilate the event.

This application serves as the means by which we assure ourselves the organiser knows their responsibilities and undertakes to carry them out. Delete where necessary (*).

Please answer all questions (n/a for not applicable). When completed the application should be returned to:-

Welsh Athletics, Cardiff International Sports Stadium, Leckwith Road, Cardiff CF11 8AZ,

Tel No 02920 644870 Email office@welshathletics.org

or Mr Phil Jones, Glan y Gors Uchaf, Waunfawr, Caernarfon, LL55 4SD, Tel No 07837 278200,

Email mountainpermits.north@welshathletics.org

CONTACT DETAILS			
Name			
Address			
	Post Code		
Email Address			
Daytime Telephone No		Evening Telephone No	
Mobile Telephone No			

COMPETITION DETAILS	
Event Name	
Event Date	
Start Time	
Event Headquarters	
Event Region	
Promoting Body/Club/Organisation	
Position in Body/Club/Organisation	

With the authority of and behalf of the above named organisation, I apply for a Race Licence and for the above named event to be registered as approved by 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 (2016) and Safety Requirements as well as relevant National Legislation.

PLEASE PROVIDE FULL DETAILS OF PROPOSED EVENT AS FOLLOWS:-

SENIOR RACE

Distance		Ascent		Race Category	
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	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).			
ULTRA DISTANCE RACING: Ultra distance is defined as being longer than the marathon i.e more than 42.2 Km. Although not an WA limitation, it is recommended that entrants be over 21 before being allowed to enter ultra distance events.			
DISTANCES: The maximum distances for age groups as defined in Rule 141 S 4 are as follows:			
UK Athletics age group (age on day of race)		Maximum Distance	
Under 12		3 Km	
Under 14		5 Km	
Under 16		7 Km	
Under 18		10 km	
On behalf of the Body/Club/Organisation I confirm the following in respect of the event (please tick the relevant boxes).			
Planning and Access			
<input type="checkbox"/> UK Athletics Rules of Competition and Safety Requirements will be complied with. <input type="checkbox"/> Consideration has been given to the use of search and rescue / first aid organisations. <input type="checkbox"/> Permission has been obtained from landowners to cross and access land. <input type="checkbox"/> 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. <input type="checkbox"/> Environmental protection has been assessed to minimise any adverse affect on the venue or race route areas. <input type="checkbox"/> Toilets are provided or are nearby for all championship events.			
The Course			
<input type="checkbox"/> An accurate distance and total ascent has been advertised. <input type="checkbox"/> The course will be signed, taped and marshalled to a standard that will ensure runners keep to the approved route or that navigation skills are required. <input type="checkbox"/> Marshals will be briefed and visible to race entrants. <input type="checkbox"/> The course will be cleared of tape, signs, litter, etc. as soon as practical.			
Medical Support			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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 Matters			
<input type="checkbox"/> The Licence will be available for inspection at the venue.			
<i>I agree that UK Athletics Rules for competition (2016), as supplemented by specific local competition requirements, will be applied, fully accredited Technical Officials will be appointed. The UKA Code of Practice for safe conduct at events will be operated at all times.</i>			
Signed		Print Name	
Office Held		Date	

LICENCES are issued free to Clubs / Associations / Organisations affiliated to 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 is issued. An excess of £750 is payable on the first and each subsequent claim made under the Liability Insurance.

Once complete please return to Welsh Athletics Office or North Wales Licence Officer

Welsh Athletics Ltd, Cardiff International Sports Stadium, Leckwith Road, Cardiff CF11 8AZ

Tel 02920644870 Fax 02920 342687 E:mail office@welshathletics.org Website www.welshathletics.org

North Wales Licence Officer, Mr Phil Jones, Glan y Gors Uchaf, Waunfawr, Caernarfon, LL55 4SD, Tel No 07837 278200, Email mountainpermits.north@welshathletics.org



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RACE / EVENT MEDICAL RETURN FORM

EVENT NAME			
EVENT DATE			
EVENT DISTANCE			
COURSE LOCATION			
PROMOTING BODY			
APPROXIMATE NUMBER OF ENTRIES	TOTAL:	MEN:	WOMEN:
Did the medical cover meet the Minimum Recommended Medical Services requirement specified for the Number of Runners and the Race Distance			Y / N
<small>UKA Good Practise Guide to Road Race Medical Services 2nd Edition Jan 201</small>			

PROMOTERS PLEASE NOTE: A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY
(N.B: within 1 month of the actual race)

WHERE DEATH HAS OCCURRED, OR OTHER INCIDENT (MEDICAL OR OTHERWISE) TAKEN PLACE THAT COULD LEAD TO AN INSURANCE CLAIM, A UKA ACCIDENT REPORT FORM MUST BE COMPLETED AND THE INSURANCE BROKERS CONTACTED AS SOON AS POSSIBLE AFTER THE EVENT (for report forms email information@ukathletics.org.uk)

MEDICAL RETURN (ideally this should be completed by the Race Medical Officer / Lead Clinician / Lead First Aider)

Weather: Please Circle							
Temperature:	Very Cold	Cold	Warm	Hot	Very Hot		
Conditions:	Sunny	Overcast	Light Rain	Heavy Rain			
Wind:	Light	Medium	Strong	Very Strong			
Other (please specify)							
NUMBER OF INCIDENTS REQUIRING MEDICAL / FIRST AID INTERVENTION							
	Total <small>only include competitors</small>	Breakdown by Sex and Age (if known)					
		Male			Female		
		Under 20	20 to 39	40 plus	Under 20	20 to 39	40 plus
Defibrillated							
Hospitalisation							
Death							
Total							
MEDICAL PROVISION (ACTUAL ON DAY)							
Doctors	No:	Nurses	No:	Ambulances	No:		
Paramedics	No:	Physios	No:	Defibrillators	No:		
First Aiders	No:	Organisation:			Contact Tel. No:		
Other							
Race Medical Officer / Lead Clinician					Contact Tel. No.		
COMMENTS / FURTHER INFORMATION					PTO (if needed)		

Please return completed form to Welsh Athletics
 Cardiff International Sports Campus
 Leckwith Road
 Cardiff. CF11 8AZ
 Tel:- 02920 644870
 Email:- office@welshathletics.org

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RACE / EVENT
REFEREE RACE REPORT



UNITED KINGDOM ATHLETICS

EVENT NAME		LICENCE No	
EVENT DATE		REGION	
EVENT DISTANCE		START TIME	
COURSE LOCATION			
PROMOTING BODY			
1. MOUNTAIN/FELL RACE LICENCE		8. WATER FEEDING STATIONS	
(a) Was it displayed and in a conspicuous place?	YES NO	(a) Were they provided at appropriate locations on course and at the finish?	YES NO
2. RISK ASSESSMENT		9. FINISH AREA	
(a) Was the risk assessment available for inspection on the day?	YES NO	(a) Was the area in a safe location?	YES NO
3. START AREA		(b) Was the area well marked?	YES NO
(a) Was area well marked?	YES NO	(c) Were there sufficient marshals to ensure correct finishing order?	YES NO
(b) Was area well supervised?	YES NO	(d) Were there sufficient Timekeepers & Recorders?	YES NO
(c) Was area free from traffic hazards?	YES NO	10. FIRST AID	
(d) Did the race(s) start on time?	YES NO	(a) Give details of qualified Medical / First Aid actually present :-	
4. COURSE SIGNAGE			
(a) Were you aware of any problems with the signing of the Course?	YES NO		
(b) Were all the Check Point Marshals in place?	YES NO	11. WEATHER CONDITIONS (please describe):-	
5. RACE SUPERVISION			
(a) Was there a last runner marshal?	YES NO		
(b) Was all athletes accounted for at the finish?	YES NO	12. TOILET FACILITIES	
6. POLICE		(a) Were they available in adequate numbers at start and finish?	YES NO
(a) Were Police in attendance?	YES NO		
7. COURSE MARSHALS			
(a) Were they suitable?	YES NO		
(b) Were they wearing high visibility clothing?	YES NO		
(c) Were they all positioned at appropriate locations on the course?	YES NO		

Please supply any additional information details of any relevant incident or problem on a separate sheet

Race Referee / *Regional Appointed Observer.

Please complete this report of completion of the race (before you leave) and return to the Region Licence Officer.

Full Name (print in capitals)			
Address			
	Post Code	Tel No	
Signature	Date		

