**Dartmoor Fell & Trail Running Skills Workshop**

By Run Venture Ltd

**Why do this course?**  This day is the opportunity to learn the skills needed to improve your enjoyment of running off-road, particularly in winter conditions.

**Course Information:** Starting on the slopes of north Dartmoor we will work on the following throughout the day:

* The difference between trail and fell running
* Ascending and descending a variety of slopes
* Contouring
* Foot placement
* Basic navigation and route choice
* Footwear, clothing and safety kit

**Timings:** Sunday 18th December.Meet at 1000hrs at Belstone Village Carpark Grid Reference: SX 62125 93804. Finish by 1700. (includes debrief and tea & cake)

**Equipment and clothing:**

All maps and compasses are provided but if you wish to bring your own that is fine also. I would encourage you to dress appropriately for the weather conditions and carry/wear waterproofs, as we will not be moving too fast. Trail shoes are a must, and a small bumbag/ 5 litre rucksack advisable for the usual stuff like fluids or snacks.

Dartmoor is renowned for its exposed moorland and very changeable weather, from biblical storms to baking hot heat waves. You have been warned!

**How to Book:**

Places are limited to just eight people, so that everyone is given sufficient tuition. There must be a minimum of four people for the course to run. Places are offered on a first come first served basis. Other dates will be available soon.

The cost is £50 per person and can be booked via the website or by sending us the completed booking form below.

You can email this to runventure@hotmail.com or post it to:

Run Venture Ltd

16 Mill Hill Cottages

Tavistock

Devon

PL19 8NW

Confirmation of a place and any further instructions will be emailed upon receipt of the booking form and payment.

For more information, contact Colin on runventure@hotmail.com or 07790 738042.

**Instructor Background:**

Colin is the Director of Run Venture Ltd and has been a qualified Mountain Leader since 2008.

He has completed many of the top fell races, including the self-navigating UK Mountain Trail in the Lake District, completed two Bob Graham rounds, the 105 mile Ultra Trail Du Mont Blanc in Europe, and numerous Mountain Marathons which involve running and navigating in remote areas over two days.

**Booking Form**

**NAME:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:** (Min 18 years old)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**: **M / F**

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**WAIVER**: In consideration of you accepting my booking, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Run Venture Ltd, and all of their agents assisting with the sessions, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the sessions. I recognise, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to partake in this course, that I am physically fit and sufficiently trained for the completion of this course and that my physical condition has been verified by a licensed Medical Doctor.

By submitting this form, I acknowledge having read and agreed to the above waiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_