

RACE NUMBER _____

The Fell Runners Association SENIOR RACE ENTRY FORM

RACE NAME _____ RACE DATE _____

MINIMUM AGE TO ENTER _____ YEARS
(If competitor is under 18, please use Junior Race Registration Form or refer to Parental Consent Form)

FULL NAME _____

ADDRESS _____

_____ POSTCODE _____

PHONE NUMBER _____ VEHICLE REGISTRATION _____

EMAIL _____

CLUB _____

DATE OF BIRTH _____

CATEGORY (Circle below as appropriate):-

MALE	MU23	MV40	MV45	MV50	MV55	MV60	MV65	MV70
FEMALE	LU23	LV40	LV45	LV50	LV55	LV60	LV65	

EMERGENCY CONTACT:

NAME _____ PHONE NUMBER _____

I UNDERSTAND THAT THIS RACE IS HELD IN ACCORDANCE WITH BOTH THE RULES AND SAFETY REQUIREMENTS OF THE FRA. I CONFIRM THAT I AM AWARE OF THE ORGANISER'S INFORMATION AND REQUIREMENTS IN CONNECTION WITH THIS RACE. I ACCEPT THE HAZARDS INVOLVED IN FELL RUNNING AND ACKNOWLEDGE THAT I AM ENTERING AND RUNNING THIS RACE AT MY OWN RISK. OTHER THAN THE ORGANISER'S LIABILITY FOR CAUSING DEATH OR PERSONAL INJURY BY NEGLIGENCE, I CONFIRM THAT I UNDERSTAND THAT THE ORGANISER ACCEPTS NO LIABILITY TO ME FOR ANY LOSS OR DAMAGE OF ANY NATURE TO MYSELF OR MY PROPERTY ARISING OUT OF MY PARTICIPATION IN THIS RACE.

SIGNED _____ DATE _____

PHONE NUMBER _____
(if different from emergency contact number given above)