

The Fell Runners Association Ltd
SENIOR RACE ENTRY FORM

Race No.

Race: _____ Minimum age to enter: _____

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional not mandatory): _____

Category (Please circle below as appropriate)

* **WOMEN:** WU23 WSEN W40 W45 W50 W55 W60 W65 W70

* **MEN:** MU23 MSEN M40 M45 M50 M55 M60 M65 M70

(* Optional 5 or 10 year age categories)

Address: _____

_____ Postcode: _____

Phone No. _____ Vehicle Registration _____

Emergency Contact: _____

Phone No: _____

I understand that this race is held in accordance, and that I have familiarised myself, 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 confirm that I have navigational skills appropriate for this race and will carry throughout the race any equipment specified either by the FRA Safety Requirements or by the organiser. 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 me or my property arising out of my participation in this race.

Signed: _____ Date _____

Competitor or, **if under 18**, Parent/Legal Guardian or refer to Parental Consent Form

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