

**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): \_\_\_\_\_

**Category (Please circle below as appropriate)**

**WOMEN:** WSEN W40 W50 W60 W70

**MEN:** MSEN M40 M50 M60 M70

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

- I accept the hazards inherent in fell running and acknowledge that I am entering and running this race at my own risk.
- I confirm that I am aware of the rules imposed on me by the Race Organiser and that I will comply with them.
- I confirm that I have read and will comply with, the "Fell Running - Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether I have the skills equipment and fitness to participate in this event.
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to me or my property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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

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