

The Fell Runners Association Ltd
SENIOR RACE ENTRY FORM

Race: GnB It 17

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 FRA "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).

I agree to the reclaim for *Gift Aid* on my entry fee

Signed: _____ Date _____

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

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