## The Fell Runners Association Ltd Race: GnB It 17 SENIOR RACE ENTRY FORM 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 MSEN M40 M50 M60 M70 MEN 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. • Laccept 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

## The Fell Runners Association Ltd SENIOR RACE ENTRY FORM

Race: GnB It 17

Race:						_Minimum age to enter:	
Full Nam	e:						
Club:							
Date of Birth:						Age:	
Email Ad	dress (opti	ional):				····	
Category	y (Please	circle	below	as app	ropriate	)	
WOMEN	WSEN	W40	W50	W60	W70		
MEN	MSEN	M40	M50	M60	M70		
Address:							
						Postcode:	
Phone No:				_ Vehicle	Vehicle Registration:		
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Competito	or or, <u>i<b>f ur</b></u>	<u>nder 18</u>	, Parent	/Legal (	Guardian	or refer to Parental Consent Form	