



WEETS FELL RACE

MINIMUM AGE TO ENTER - 16 YEARS

FULL NAME

CLUB

DATE OF BIRTH AGE

EMAIL ADDRESS

CATEGORY (CIRCLE BELOW AS APPROPRIATE)

MEN MU18 MSEN M40 M45 M50 M55 M60 M65 M70 M75

WOMEN WU18 WSEN W35 W40 W45 W50 W55 W60 W65 W70

ADDRESS

..... POST CODE

PHONE NUMBER

MOBILE VEHICLE REG

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 results of their negligence).
- I consent to publication of my name, club, race category, race number, finishing time and race position in race pre-entry and results lists.

SIGNED DATE

Competitor or, if under 18, Parent/Legal Guardian.

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