



Senior Race Entry Form

Race Number

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Name of Fell Race	
Date of Fell Race	

Competitor's Full Name		Male / Female
Address		
Athletics Club		
Date of Birth	Age on day of race	
Mobile Phone Number (Recommended to carry a mobile phone)	Will you be carrying a phone	Yes / No

Person to contact in case of emergency	Phone no. for your emergency contact	
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Vehicle Registration Number (if vehicle parked at race venue)	
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Race entry fee £5.00

- 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" as published by The Fell Runners Association Ltd (www.fellrunner.org.uk).
- 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 Ltd. 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	
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Competitor or, **if under 18**, Parent/Legal Guardian