

The Fell Runners Association Ltd  
SENIOR RACE ENTRY FORM

Race No.

Race: **31st Soreen Stanbury Splash**

Minimum age to enter: 18

Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

\* WOMEN: WSEN W40 W50 W60 W70

\* MEN: MSEN M40 M50 M60 M70

Local?

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

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

Phone No. \_\_\_\_\_ Vehicle Registration \_\_\_\_\_

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

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

I understand that this race is held in accordance, and that I have familiarised myself, with both the Rules and Safety Requirements of the FRA. I confirm that I am aware of the Organiser's information and requirements in connection with this race. I confirm that I have navigational skills appropriate for this race and will carry throughout the race any equipment specified either by the FRA Safety Requirements or by the organiser. I accept the hazards involved in fell running and acknowledge that I am entering and running this race at my own risk. Other than the Organiser's liability for causing death or personal injury by negligence, I confirm that I understand that the Organiser accepts no liability to me for any loss or damage of any nature to me or my property arising out of my participation in this race.

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

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