The Fell Runners Association Ltd <u>ENTRY FORM</u>	Race No.	The Fell Runners Association Ltd <u>ENTRY FORM</u>			
Race: Bunny Run Series PLEASE W	/RITE IN BLOCK CAPITALS	Race: Bunny Run Series PLEASE WRITE IN			
Full Name:		Full Name:			
Club:		Club:			
Date of Birth:	Age:	Date of Birth:			
Category. Please circle below as appr	ropriate.	Category. Please circle below as appropriate.			
'JUNIORS AGE AT 31 ^{s⊤} December 20	17'. Must be 12 years old	'JUNIORS AGE AT 31 ^{s⊤} December 2017'.			
MALE: BU15 BU17 M M	V40 MV50 MV60 MV70	MALE: BU15 BU17 M MV40 N			
FEMALE: GU15 GU17 F F	V4O FV50 FV60 FV70	FEMALE: GU15 GU17 F FV40 F			
Address:		Address:			
	Postcode:				
Phone No:		Phone No:			
Accompanying Adult / Emergency Conta	ct:	Accompanying Adult / Emergency Contact:			
Phone No:	Vehicle Registration:	Phone No:Vehicle			
	own risk. imposed on me by the Race Organiser apply with, the "Fell Running - sponsible for determining whether I to participate in this event. ser nor the Fell Runners Association ss or damage of any nature to me or my on in this race (other than in respect of	 I accept the hazards inherent in fell running and entering and running this race at my own risk. I confirm that I am aware of the rules imposed of and that I will comply with them. I confirm that I have read and will comply with, Requirements for Runners". I acknowledge and agree that I am responsible have the skills equipment and fitness to partici I accept that neither the Race Organiser nor the shall be liable to me for any injury, loss or dam property arising out of my participation in this r death or personal injury as a result of their negotiation. 			
Signed:		Signed:			
Parent/Legal Guardian (signature not required if Pa	arental Consent Form is used)	Parent/Legal Guardian (signature not required if Parental Cons			
Phone No.(if different from Emergency Contact a	above):	Phone No.(if different from Emergency Contact above):			
Parental Consent confirmed by (please	e tick)	Parental Consent confirmed by (please tick)			
Race Entry Form	Parental Consent Form	Race Entry Form Parental C			

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'JUNIORS	AGE AT	31 ^{s⊤} Dec	embe	er 2017'.	Must I	be 12 year	rs old		
MALE:	BU15	BU17	Μ	MV40	MV50	MV60	MV70		
FEMALE:	GU15	GU17	F	FV40	FV50	FV60	FV70		
Address:		Postcode:							
Phone No:_									
Accompany	ing Adult	/ Emerge	ncy C	Contact:					
Phone No:_			<u>.</u>	Vehi	cle Registi	ration:			
 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". 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). 									
Signed:			Date:						
Parent/Legal Guardian (signature not required if Parental Consent Form is used)									
Phone No.(if different from Emergency Contact above):									
Parental Consent confirmed by (please tick)									

Consent Form