The Fell Runners Association Ltd
SENIOR RACE ENTRY FORM

Race No.

Race: Withins Skyline fell race   Minimum age to enter: 18

Full Name:_____

Club:_____

Date of Birth: _____Age: _____

Category (Please circle below as appropriate)

    MSEN   MV40   MV50   MV60   MV70   MV80

    FSEN   FV40   FV50   FV60   FV70   FV80

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 "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 _____