

Bunny Run Relay 2017 Team Entry Form

Race No.

Minimum age to enter 10 years on the day

PLEASE WRITE IN BLOCK CAPITALS

Team name.....

Team category – tick U13, U15 and U17 ages on 31st Dec 2017

BU13	BU15	BU17	M	MV40	MV50+
GU13	GU15	GU17	F	FV40+	
SOLO	Fancy Dress	Mixed M/F	Family Team		

Leg 1 runner Name **Age**

Leg 2 runner Name **Age**

Leg 3 runner Name **Age**

The Team Manager must be over 18 & is responsible for the above team in all aspects of the race.

Team Manager's name **Tel**

FRA Disclaimer (applies to all runners)

- 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).
- I accept that the Race Organiser may use photographic or video equipment for the purpose of monitoring the race.

Team Manager's signature **Date**

The Team Manager must be over 18 & is responsible for the above team in all aspects of the race.

