

The Fell Runners Association Ltd
ENTRY FORM

Race No.

Race: Bunny Run Series PLEASE WRITE IN BLOCK CAPITALS

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Category. Please circle below as appropriate.

'JUNIORS AGE AT 31ST December 2017'. Must be 12 years old

MALE: BU15 BU17 M MV40 MV50 MV60 MV70

FEMALE: GU15 GU17 F FV40 FV50 FV60 FV70

Address: _____

Postcode: _____

Phone No: _____

Accompanying Adult / Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

- 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)

Race Entry Form

Parental Consent Form

The Fell Runners Association Ltd
ENTRY FORM

Race: Bunny Run Series PLEASE WRITE IN BLOCK CAPITALS

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Category. Please circle below as appropriate.

'JUNIORS AGE AT 31ST December 2017'. Must be 12 years old

MALE: BU15 BU17 M MV40 MV50 MV60 MV70

FEMALE: GU15 GU17 F FV40 FV50 FV60 FV70

Address: _____

Postcode: _____

Phone No: _____

Accompanying Adult / Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

- 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)

Race Entry Form

Parental Consent Form