The Fell Runners Association Ltd SENIOR RACE ENTRY FORM	Race No.						
Race:	Minimum age to enter:						
Full Name:							
Club:							
Date of Birth:	Age:						
Email Address (optional):							
Category (Please circle below as appropriate)							
WOMEN WU21 WU23 WSEN W40 W45 W5	0 W55 W60 W65 W70 W75						
MEN MU21 MU23 MSEN M40 M45 M50	0 M55 M60 M65 M70 M75						
Address: Postcode:							
Phone No:Vehicle Registration:							
Emergency Contact:							
Phone No:							
 I accept the hazards inherent in fell running are entering and running this race at my own risk I confirm that I am aware of the rules imposed and that I will comply with them. I confirm that I have read and will comply with Runners". I acknowledge and agree that I am responsible have the skills equipment and fitness to partie. I accept that neither the Race Organiser nor to shall be liable to me for any injury, loss or da property arising out of my participation in this death or personal injury as a result of their neither. 	nd acknowledge that I am to an me by the Race Organiser to the FRA "Requirements for the for determining whether I cipate in this event. The Fell Runners Association image of any nature to me or my arace (other than in respect of						
Signed:	Date						
Competitor or, if under 18, Parent/Legal Guardian	or refer to Parental Consent Form						

Data Protection Notice: By entering you agree that we may publish your Personal Information as part of the results of the Event and may pass such information to the governing body or any affiliated organisation for the purpose of insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age category.

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Date of Birth:	Age:				_
Email Address (optional):					_
Category (Please circle below as appropria	te)				
WOMEN WU21 WU23 WSEN W40 W45 V	W50 W55	W60	W65	W70	W75
MEN MU21 MU23 MSEN M40 M45 I	M50 M55	M60	M65	M70	M75
Address:					_
	Postcode:				
Phone No:Vehi					
Emergency Contact:					_
Phone No:					—
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Signed:	Dat	e			
Competitor or, <u>if under 18</u> , Parent/Legal Guardia					

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