

27/6/2019 Witton Park Trail Relays - Entry on Day £15

Race Entry Form

Team Name:

Minimum Age 12 on day of race

Team Category (please "X" Box)					
Mens	Ladies	Vet Men	Vet Ladies	Junior Boys	Junior Girls

Club:	DOB	Age on Day	M/F	VET CAT
Athlete 1:				
Address:				
Athlete 2:				
Address:				
Athlete 3:				
Address:				

(amendments/substitutions can be made on day)

Team Contact Person:

(Must be an adult)

Address:

Email Address:

Contact Telephone:

Emergency Contact Name:

Emergency Contact Tel:

- 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 FRA "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)
- The provision of any search and rescue cover is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances

I confirm that all team members are aware of this, understand the rules of the event and agree to abide by them.

Signed :

Team Contact
Person

Date: