

The Fell Runners Association Ltd
SENIOR RACE ENTRY FORM (Individual) 5.30pm June 10th 2017

Race: ___Lakeside-Gummers How___ Minimum age to enter ___18___

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Category (Please circle below as appropriate)

WOMEN: WU23 WSEN W40 W45 W50 W55 W60 W65 W70

MEN: MU23 MSEN M40 M45 M50 M55 M60 M65 M70

Address: _____

_____ Postcode: _____

Phone No. _____ Vehicle Registration _____

Emergency Contact: _____

Phone No: _____

I understand that this race is held in accordance, and that I have familiarised myself, with both the Rules and Safety Requirements of the FRA. I confirm that I am aware of the Organiser's information and requirements in connection with this race. I confirm that I have navigational skills appropriate for this race and will carry throughout the race any equipment specified either by the FRA Safety Requirements or by the organiser. I accept the hazards involved in fell running and acknowledge that I am entering and running this race at my own risk. Other than the Organiser's liability for causing death or personal injury by negligence, I confirm that I understand that the Organiser accepts no liability to me for any loss or damage of any nature to me or my property arising out of my participation in this race.

Signed: _____ Date _____

Return to: D.Birch 29 Howard Terrace, Morpeth, Northumberland NE61 1HT and enclose a cheque for £8 payable to 'Gummers How Fell Run'.