PLEASE TAKE NOTE OF THE FOLLOWING:-

How to Join the FRA?

Go to the FRA website at fellrunner.org.uk and follow the links

We look forward to welcoming you to the FRA

FRA NON-MEMBERS
SENIOR RACE ENTRY FORM 2020

Race No.

Race: _____ Minimum age to enter: _____

Full Name: _____

Club: _____

Date of Birth: _____ Age _____ **NON-MEMBER**

Email Address (optional): _____

Category (Please circle)
For U/21 and U/23 check whether to use age on day or age at 31/December

WOMEN	WU21	WU23	WSEN	W40	W45	W50	W55	W60	W65	W70	W75
MEN	MU21	MU23	MSEN	M40	M45	M50	M55	M60	M65	M70	M75

Address: _____

_____ Postcode: _____

Phone No: _____ Vehicle Registration: _____

Emergency Contact Name: _____ Phone No: _____

- 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).
- I consent to publication of my name, club, race category, race number, finishing time and race position in race pre-entry and results lists, and to sharing this information with trusted partner organisations (e.g. UK Athletics) for disciplinary purposes or otherwise where necessary in the interests of the sport.

Signed: _____ Date _____

Competitor or, **if under 18,** Parent/Legal Guardian or refer to Parental Consent Form