

# BRADLEY FELL RACE ENTRY FORM

Race no

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

AGE (on day) \_\_\_\_\_ CLUB \_\_\_\_\_

CATEGORY: MALE - U9 / U12 / U14 / U17 - MV40 / MV50 / MV60  
Please circle:

FEMALE - U9 / U12 / U14 / U17 - LV40 / LV50 / LV60

ADDRESS with postcode \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ VEHICLE REGISTRATION \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**FRA Disclaimer:** I understand that this race is held in accordance 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 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 myself or my property arising out of my participation in this race.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Competitor/Parent or Guardian (for U18 runners)

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