

BOFRA

RACE ENTRY FORM 2017

Race no

Race Name: _____

First Name _____ Surname _____

Date of birth _____ Age (on 1 May 2017) _____ Club _____

CATEGORY: MALE - U9 / U12 / U14 / U17 - / MV40 / MV45 / MV50 / MV60
Please circle:

FEMALE - U9 / U12 / U14 / U17 - / LV40 / LV45 / LV50

Address with postcode _____

Local? - Y / N

Telephone _____ Vehicle Reg _____

Emergency Contact _____ Phone number _____

Disclaimer: I understand that this race is held in accordance, and that I have familiarised myself, with both the Rules and Safety Requirements of BOFRA and 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.

MUST BE SIGNED by Competitor/Parent or Guardian for runners **Under 18** Min age to race is 6 years on the day

Signed _____ Date _____

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