FRA MEMBERS FORM ONLY

RACE NUMBER

SENIOR RACE ENTRY FORM 2025

Race:_____ Minimum age to enter: _____
Full Name: _____ _____
Club: _____
Date of Birth: _____ Age ____ FRA Membership No. _____
Email Address (optional): _____

Category (please circle)
For U/21 and U/23 check whether to use age on day or age at 31st 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", and especially the "absolute no-nos" of fell running.

· 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 the sharing of all the above details 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