



**Welsh Fell Runners Association
SENIOR RACE ENTRY FORM**

Race No.
ENTER YOUR WFRA MEMBER. NO.

Race:

Full Name:

Club:

Date of Birth: (Age):

Email Address:

Category (Please circle below as appropriate)

FEMALE: F/U17 F/U19 F/U23 F/Snr. F/40 F/50 F/60 F/70 F/75

**MALE / OPEN: MO/U17 MO/U19 MO/U23 MO/Snr. MO/40 MO/50
MO/60 MO/70 MO/75**

Address:

..... Post code:.....

Phone No: (Include STD)..... Veh. Regn:

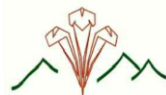
Emergency Contact:

Phone No: (include STD).....

- I accept the hazards inherent in fell running and acknowledge that I am entering and running 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, "Safety Requirements for Competitors", 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 Welsh 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 result of 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.

Signed..... Date

Competitor or **if under 18**, Parent/Legal Guardian, or refer to Parental Consent Form. (v.21/02/23)



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