



Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Category/ Race Distance (Please circle below as appropriate)

MALE:

U11B

U15B

U18B

Sen

V40

V50

V60

V70

FEMALE:

U11G

U15G

U18G

Sen

V40

V50

V60

V70

DISTANCE:

1.5Km

3.5Km

----- 6 Km -----

Address: _____

Postcode: _____

Phone No.: _____

Accompanying Adult/Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

I understand that this race is held in accordance, and that I have familiarised myself, 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 trail 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.

Signed: _____ Date _____

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

Phone No. (if different from Emergency Contact above) _____