

BOFRA

RACE ENTRY FORM

Race no

Race Name: _____

First Name _____ Surname _____

Date of birth _____ Age (on 1 May this year) _____ Club _____

CATEGORY: MALE: U9 U12 U14 U17 MAN MV40 MV45 MV50 MV60

Please circle:

FEMALE: U9 U12 U14 U17 LADY LV40 LV45 LV50

Address with postcode _____

Local? - Y / N

Phone number _____ Vehicle Reg _____

Emergency Contact name: _____ Emergency contact 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. I consent to publication of my name, club, race category, race number, finishing time and race position in race pre-entry and results lists.

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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