

# BOFRA

## RACE ENTRY FORM

FRA Member

 Y  N

Race no

Race Name: \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

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

CATEGORY: MALE: BU9 BU12 BU14 BU17 MU23 MAN MV40 MV45 MV50 MV60

Please circle:

FEMALE: GU9 GU12 GU14 GU17 LU23 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 \_\_\_\_\_

# BOFRA

## RACE ENTRY FORM

FRA Member

 Y  N

Race no

Race Name: \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

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

CATEGORY: MALE: BU9 BU12 BU14 BU17 MU23 MAN MV40 MV45 MV50 MV60

Please circle:

FEMALE: GU9 GU12 GU14 GU17 LU23 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 \_\_\_\_\_