

# SHROPSHIRE FELL RACES

## Entry Form

Official Use Only

| Event Name | SI Part. No | Race No | Dibber No | DoB Limit |
|------------|-------------|---------|-----------|-----------|
|            | <b>XXXX</b> |         |           |           |

Series Sponsors

**the Outdoor Depot**

<https://www.theoutdoordepot.co.uk/>

**Rab** <https://rab.equipment/uk/>

**Please fill in at least the bold underlined items and please write clearly.**

**Full Name (block capitals):**

**Date of Birth (DD/MM/YY):**

**Gender:**  Male  Female

Club:

FRA No:

Car Reg:

Medical Conds:

Address:

Your Phone:

Emergency

Contact:

Emergency

Their Phone:

Email:

**Important: Read rules below. If you sign this form you are agreeing to all of them.**

- 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".
- 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.
- I accept that the Race Organiser reserves the right to refuse a race entry for any reason.

**Signed:**

**Date:**

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