

## FRA Senior Event Entry Requirements and Form, 2018

Entry to all events must be by a process which collects at least the following information and requires the runner to sign, or acknowledge electronically, that they accept the disclaimer. Additional information can be collected at Race Organiser's discretion. This form applies to senior runners (those over 18 on the day of the event).

Printable versions of the form are available on the FRA web-site.

### Information

- Event name
- Minimum age for entry
- Full name, gender, club and date of birth of entrant. (Race Organisers may wish also to collect the age of the entrant and ask them to indicate their senior/veteran category from a list).
- Address (including postcode) and phone number of the entrant.
- The registration number of their vehicle
- An emergency contact name and phone number.

### Disclaimer

The following words must be used. The Race Organiser may add additional requirements.

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 "Fell Running - 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).

If the race will be photographed or filmed by the Race Organiser to record proceedings (for example a video camera recording the finish), then the following should be included:-

I accept that the Race Organiser may use photographic or video equipment for the purpose of monitoring the race.

This must be signed and dated by the entrant, or an equivalent electronic acknowledgement received, before allowing entry into the event.

**The Fell Runners Association Ltd**  
**SENIOR RACE ENTRY FORM**

Race No.

Race: \_\_\_\_\_ Minimum age to enter: \_\_\_\_\_

Full Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**Category (Please circle below as appropriate)**

WOMEN   WU21   WU23   WSEN   W40   W45   W50   W55   W60   W65   W70   W75

MEN        MU21   MU23   MSEN   M40   M45   M50   M55   M60   M65   M70   M75

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

- 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).

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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

**The Fell Runners Association Ltd**  
**SENIOR RACE ENTRY FORM**

Race No.

Race: \_\_\_\_\_ Minimum age to enter: \_\_\_\_\_

Full Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**Category (Please circle below as appropriate)**

WOMEN   WU21   WU23   WSEN   W40   W45   W50   W55   W60   W65   W70   W75

MEN        MU21   MU23   MSEN   M40   M45   M50   M55   M60   M65   M70   M75

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

- 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).

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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