

THE NINETEENTH SIDMOUTH FOUR TRIGS CHALLENGE!

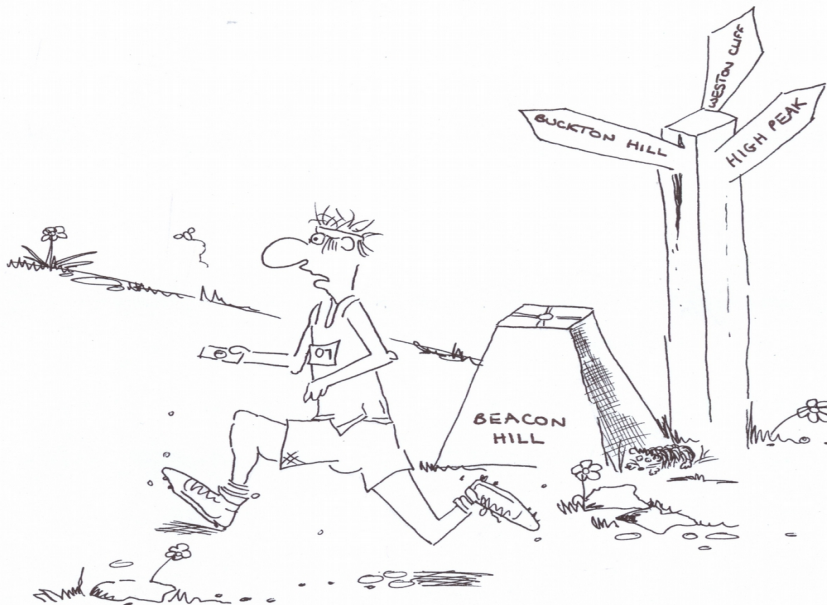
9:30 am Sunday 10th February 2019

(SPONSORED BY HAYMAN'S BUTCHERS and
IAN WINCHESTER & SONS)

Under FRA rules



Registered Charity No. 1050845



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

Race: Sidmouth 4 Trigs Challenge Minimum age to enter: 18 yrs

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address: _____

Category (Please circle below as appropriate)

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

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

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 "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).
- I consent to publication of my name, club, race category, race number, finishing time and race position in race pre-entry and results lists.

Signed: _____ Date _____ Competitor or, if under 18,

Parent/Legal Guardian or refer to Parental Consent Form

PASTY - MEAT or VEGGIE

(please circle choice)