



Race No:

### 2018 RAS MOEL EILIO RACE ENTRY FORM

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

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

Date of Birth: \_\_\_\_\_ Age (minimum age 18) \_\_\_\_\_

Category (PLEASE CIRCLE) OPEN MALE/V40/V50/V60

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

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

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

Emergency name and 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 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 the Race Organiser shall not 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).

