## Minimum age to enter 10 years on day

## Team name

Team category (TICK) ( U13, U15 and U17- ages on $31^{\text {st }}$ Dec, end of year, age of oldest runner )
( Solo runners must be over 16 on day. Vet teams, all runners must be over 40 on day.)

| BU13 | BU15 | BU17 | M | MV40 |
| :--- | :--- | :--- | :--- | :--- |
| GU13 | GU15 | GU17 | F | LV40 |
|  | Fancy Dress | Family | Mixed M/F | Solo |
|  |  |  |  |  |


| Leg 1 runner | Name | Age |  |
| :---: | :---: | :---: | :---: |
| Leg 2 runner | Name | Age |  |
| Leg 3 runner | Name | Age |  |
| FRA Disclaimer: 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 accept that the Race Organiser may use photographic equipment for the purpose of monitoring this race. I consent to the publication of my name, club, race category, race number, finishing time and race-position in race pre-entry and result lists. |  |  |  |

Please note the team manager below is responsible for the above team in all aspects of the race.

## Team Manager's name

Phone
Team Manager's signature
( Team Manager must be over 18. )


## Bunny Run Relay -Team Entry Form

## Minimum age to enter 10 years on day

## Team name

Team category (TICK) (U13, U15 and U17- ages on $31^{\text {st }}$ Dec, end of year, age of oldest runner )
( Solo runners must be over 16 on day. Vet teams, all runners must be over 40 on day.)

| BU13 | BU15 | BU17 | M | MV40 |
| :--- | :--- | :--- | :--- | :--- |
| GU13 | GU15 | GU17 | F | LV40 |
|  | Fancy Dress | Family | Mixed M/F | Solo |
|  |  |  |  |  |


| Leg 1 runner | Name | Age |
| :---: | :---: | :---: |
| Leg 2 runner | Name | Age |
| Leg 3 runner | Name | Age |

FRA Disclaimer: 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 accept that the Race Organiser may use photographic equipment for the purpose of monitoring this race. I consent to the publication of my name, club, race category, race number, finishing time and race-position in race pre-entry and result lists.

Please note the team manager below is responsible for the above team in all aspects of the race.

## Team Manager's name

## Phone

