

The Old County Tops Fell Race

Hosted by



ACHILLE RATTI CC

www.achille-ratti-climbing-club.co.uk

In association with



www.h18orr.com

Competitor 1

Name _____ Club _____

Address _____ Phone _____ Vehicle Reg _____

_____ Email _____

_____ Emergency Contact _____

_____ Name _____

Date of birth _____ Male / Female _____ Phone _____
(Delete as required)

Class A fell races completed, or other relevant experience. Continue on separate page if necessary, stating 'Competitor 1'.

1 _____

2 _____

3 _____

Competitor 2

Name _____ Club _____

Address _____ Phone _____ Vehicle Reg _____

_____ Email _____

_____ Emergency Contact _____

_____ Name _____

Date of birth _____ Male / Female _____ Phone _____
(Delete as required)

Class A fell races completed, or other relevant experience. Continue on separate page if necessary, stating 'Competitor 1'.

1 _____

2 _____

3 _____

Disclaimer

- We accept the hazards inherent in fell running and acknowledge that we are entering and running this race at our own risk.
- We confirm that we are aware of the rules imposed on us by the Race Organiser and that we will comply with them.
- We confirm that we have read and will comply with, the "Fell Running - Requirements for Runners".
- We enter this event in the belief that we have the necessary amount of experience and fitness, as described in the race rules and regulations.
- We accept that neither the Race Organiser, the Achille Ratti Climbing Club nor the Fell Runners Association shall be liable to us for any injury, loss or damage of any nature to us or our property arising out of our participation in this race (other than in respect of death or personal injury as a result of their negligence).
- We consent to publication of our names, clubs, race category, race number, finishing time and race position in race pre-entry and results lists.

Competitor 1 signature _____ Competitor 2 signature _____