Peak Raid3: Registration Safety Form		Peak Raid3: Registration Safety Form
Event and date		Event and date
Name (block capitals)		Name (block capitals)
SI card number tick for 9	tick for SI card hire	SI card number tick for SI card hire
Hired SI cards not returned will result in a replacement charge of £40	40	Hired SI cards not returned will result in a replacement charge of £40
Vehicle registration		Vehicle registration
Competitor mobile number		Competitor mobile number
Emergency contact name		Emergency contact name
Emergency contact number		Emergency contact number
* I accept the hazards inherent in fell running and acknowledge that I am entering	at I am entering	* I accept the hazards inherent in fell running and acknowledge that I am enteri
and running in this race at my own risk.		and running in this race at my own risk.
*I confirm that I am aware of the rules imposed upon me by the Race Organiser and	ace Organiser and	*I confirm that I am aware of the rules imposed upon me by the Race Organise
that I will comply with them.		that I will comply with them.
* I confirm that I have read and will comply with the FRA "Requirements for	ments for	* I confirm that I have read and will comply with the FRA "Requirements for
Runners"		Runners"
* I acknowledge that I have the skills, equipment and fitness to participate in this	rticipate in this	* I acknowledge that I have the skills, equipment and fitness to participate in th
event.		event.
* I accept that neither the Race Organiser nor the Fell Runners Association shall be	ociation shall be	* I accept that neither the Race Organiser nor the Fell Runners Association shall
liable to me for any injury, loss or damage of any nature to me or my property	ny property	liable to me for any injury, loss or damage of any nature to me or my property
arising out of my participation in the race (other than in respect of death or	death or	arising out of my participation in the race (other than in respect of death or
personal injury as a result of their negligence).		personal injury as a result of their negligence).
* I consent to publication of my name, club, race category, race number, finishing	mber, finishing	* I consent to publication of my name, club, race category, race number, finishir
time and race position in race pre-entry and results lists, and to the sharing of the	e sharing of the	time and race position in race pre-entry and results lists, and to the sharing of tl
above details with trusted partner organisations (e.g. UK Athletics) for disciplinary) for disciplinary	above details with trusted partner organisations (e.g. UK Athletics) for disciplin
purposes or otherwise where necessary in the interests of the sport	ort.	purposes or otherwise where necessary in the interests of the sport.
Signed Date		Signed Date
Add any medical information that you would like us to be aware of on the back of	f on the back of	Add any medical information that you would like us to be aware of on the back
this form.		this form.