

CYMDEITHAS
RHEDWYR
MNYDD
CYMRU



WELSH
FELL
RUNNERS
ASSOCIATION

Official Use only	
Race No.	

RACE REGISTRATION FORM

Please complete in BLOCK CAPITALS

Râs/Race:.....

Enw/Full Name.....

Clwb/Club.....

Cyfeiriad/Address

.....

..... Cod bost/Post code.....

Ffôn/Telephone (+std)..... D.O.B.

Email:

Car Regn No. Welsh Eligibility – YES / NO

Emergency contact..... Tel.....

Tick category
entered

MALE	FEMALE	u/23	u/40	o/40	o/50	o/60	o/70

Tic dosbarth:

I understand that this race is held in accordance with the WFRA Safety Code. I am aware of the Organiser's information and requirements in connection with this race.

I accept the hazards involved in fell running and acknowledge that I am entering and running in this race at my own risk. Other than the Organiser's liability for causing death or personal injury by negligence, I confirm that I understand that the Organiser accepts no liability to me for any loss or damage of any nature to myself or property arising out of my participation in this race

Deallaf fod y ras hon yn cael ei chynnal yn union a rheolau ac Anghenion Diogelwch WFRA. Rwyf yn ymwybodol o wybodaeth ac anghenion y trefnwyr gyda'r ras hon.

Rwyf yn derbyn ac yn cydnabod y peryglon sydd yn bodoli ar y mynydd a deallaf fy mod yn rhedeg y ras ar fy risg fy hun. Ar wahan i gyfrifoldeb y trefnwyr mewn achos o farwolaeth neu niwed corfforol drwy esgeulustod, cadarnhaf na fydd y trefnwyr yn derbyn unrhyw gyfrifoldeb drostaf am unrhyw golled neu ddiifrod a allai ddigwydd i mi a'm heiddo pan yn cystadlu yn y räs.

Entry Fee of £..... enclosed

Llofnod/Signature..... Date.....

Competitor (Parent/Guardian for under 18 years of age)