

RACE NAME

Date

CYMDEITHAS
RHEDWYR
MYNYDD
CYMRU



WELSH
FELL
RUNNERS
ASSOCIATION

Entry fee:

Official use only

Race no.

RACE REGISTRATION FORM

Please complete in BLOCK CAPITALS

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
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Tic dosbarth:

I understand that this race is held in accordance, and that I have familiarised myself, with the WFRA Safety Code. I confirm that I am aware of the Organiser's information and requirements in connection with this race. I confirm that I have navigational skills appropriate for this race and will carry throughout the race any equipment specified by the WFRA Safety Code or by the Race Organiser. 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.

Rwy'n deall y cynhelir y ras hon yn unol â Chôd Diogelwch CRMC, a fy mod wedi ei ddarllen. Rwy'n cadarnhau fy mod yn ymwybodol o wybodaeth a gofynion y Trefnwyr yn y ras hon. Rwy'n cadarnhau fod gen i sgiliau defnyddio map a chwmpawd digonol ar gyfer y ras ac y gwnaf gario unrhyw offer y bydd Côd Diogelwch CRMC neu Drefnwyr y Ras yn gofyn i mi eu cario drwy'r ras gyfan. Rwy'n derbyn y peryglon sy'n gysylltiedig â redeg mynydd ac yn derbyn y cyfrifoldeb o gymryd rhan. Ar wahan i atebolrwydd y Trefnwyr am achosi marwolaeth neu anaf personol drwy esgeulustod, rwy'n cadarnhau fy mod yn deall nad oes gan y Trefnwyr unrhyw gyfrifoldeb am golled neu niwed o unrhyw fath i mi nac i unrhyw eiddo gennyf i o ganlyniad i gymryd rhan yn y ras yma.

Llofnod/Signature Date

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Race no.

JUNIOR RACE REGISTRATION FORM

Please complete in BLOCK CAPITALS

Enw/Full Name

Clwb/Club

Cyfeiriad/Address

.....

..... Cod bost/Post code

Ffôn/Telephone (+std) D.O.B.

Age:..... Email

Car Regn No. Welsh Eligibility – YES/NO

Emergency contact Tel.

Tick category entered:
Tic dosbarth:

MALE	FEMALE	u/8	u/10	u/12	u/14	u/16	u/18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Llofnod/Signature..... Date

Parent/Guardian Signature Date

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