

Lumphanan Gala Hill Race : 2015 Entry Form (please print in block capitals)

Name : \_\_\_\_\_ Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_ Telephone : \_\_\_\_\_

\_\_\_\_\_ Email : \_\_\_\_\_

Please tick only one of the following three categories (age on race day)

Male / Female Aged 12 to 16 : \_\_\_ Female Over 16 : \_\_\_ Male Over 16 : \_\_\_

I declare that I am over 11 years old and that I am medically fit to run the 2.3 mile distance. Furthermore I agree that the organisers will in no way be held responsible for any injury or illness incurred to my person during, or as a result of, the event. Also the organisers will not be held responsible for any loss of property during the event.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_ Entry Fee : £3

A Parent's / Guardian's name & signature is required if the entrant is under 16

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