



Entry Form

Name: Male [] Female [] (Please tick)

Date of Birth (DD/MM/YYYY): Age:

Phone Number:

Address:

Emergency Contact Number:

Contact Name: Relationship:

Doctor's Name: Phone No:

Race Number

Official Use Only – Your Official Race Number will be allocated upon receipt of Entry Fee at the registration desk at The Research Centre, Belderrig Village on race day.

Health Question

Do you have any ailments, injuries or heart conditions? Yes [] No []

If "Yes", please write full details below:

Consent

In signing this form in its entirety and having answered the questions accurately and to the best of my knowledge I understand that it is my responsibility to monitor myself throughout the race and should any unusual symptoms occur, I would cease participation and inform a marshal and that it is not the responsibility of the Belderrig Bronze Man Committee for any injuries during or after the race.

Signature:

Date:
