



## **“Parwich Panoramic Five” Entry Form**

Name:

Address:

Postcode:

Telephone number:

Date of birth/age:

Male/Female:

Email address:

I confirm that I am medically fit to compete in this race, and that I compete as an amateur. I understand that a risk assessment is in place and displayed at the start of the course. I confirm that I race at my own risk and no responsibility will be accepted by the race organisers or land owners associated with the course. I understand that the normal rules of athletics in the United Kingdom apply, and that this race is being run in association with “The Fell Runners Association”.

Signature:

Parent or Guardian signature if under 16:

Date:

Please return with cheque for £4.00 made payable to “Parwich Memorial Hall” to Graham Johnson,  
Church View, Parwich, Ashbourne, Derbyshire, DE6 1QA.