|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LionsLogo1c.tif | banner.jpg  **15/013** | **RACE IS RUN UNDER UKA RULES**  **UKA LICENCE**  **ID 2019-36636** | **In aid of Charity and local**  **Good Causes through the**  **Blackmore Vale Lions**  **Charity Trust Fund. Registered Charity No. 1019759** | http://ndvm.co.uk/images/runbritain_licence.jpg | C:\Users\Colin\Dropbox\HalfMarathon\Entries\th.jpg |

**BLACKMORE VALE LIONS RELAY**

**Sunday 3rd February 2019 at 11.00 am**

|  |
| --- |
| **thA6MDWTIA.jpg**  **NO EARPHONES TO BE WORN DURING THE RACE** |

**ENTRY FORM:** Please download, print out, complete and **bring this form on the morning of the race**.

Runners’ numbers will be issued then. Runners must be 16 or over on date of race.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM NAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please supply 1st Runner’s details.** | | | | | | | | | | | UKA Affiliation No. | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Town |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Postcode |  |  |  |  |  |  |  |  |  |  | | |  | | | Tel. | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| State 1st Claim Club (if applicable) | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| State any medical condition? | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please supply 2nd Runner’s details.** | | | | | | | | | | | | | UKA Affiliation No. | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Town |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Postcode |  |  |  |  |  |  |  |  |  |  | | |  | | | Tel. | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| State 1st Claim Club (if applicable) | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| State any medical condition? | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |

I understand that the organisers will take reasonable care for my safety and well-being during the event but that only limited first aid and medical facilities will be available. I declare that I am fit to run and that the organisers will in no way be held responsible for any injury (including fatal injury), illness, accident to my person or loss of property resulting from any cause whatsoever (other than their negligence or wilful default). I agree to abide by the UKA rules and laws governing the event and that the decision of the Race Referee shall be final.

I agree that the organisers may publish my Personal Information as part of the results of the Event and may pass such information to the governing body or any affiliated organisation for the purpose of insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age category.

Signature (1st runner): …………………………………………………………………………………… (Parent to sign for under 18s) Date: ………………………

Signature (2nd runner): ………………………………………………………………………………… (Parent to sign for under 18s) Date: ………………………