

**EDDIE LEAL & BRENDA LAWSON MEMORIAL
ISLE OF WIGHT FELL RUNNING SERIES 2020
(FRA MEMBER ENTRY FORM)
INCORPORATING THE SEAA FELL RUNNING CHAMPIONSHIPS**

Under F.R.A. Rules

(Organised by Ventnor Fell Running Association in association
with Ryde Harriers)



RYDE HARRIERS
RUNNING SINCE 1886



SATURDAY 12th AND SUNDAY 13th SEPTEMBER 2020

Race Details:

Race 1: The St. Boniface Fell	Category AS	11.00am Saturday	3.9km/235m ascent.
Race 2: The Ventnor Horseshoe	Category BM	3.00pm Saturday	12km/443m ascent.
Race 3: The Wroxall Round	Category CL	10.30am Sunday	21km/487m ascent.

Venue: St. Catherines School, Grove Road, Ventnor, Isle of Wight, PO38 1TT
(Grid Ref: SZ 562776)
Race registration and changing facilities. Start / Ventnor Esplanade, Finish / St Catherines School.

Awards: Male and Vets 40, 50, 60 and 70. Female and Vets 40, 50, 60 and 70 and Team (3 to count) awards for each race. Victor and Victrix Ludorum and Team (3 to count) awards over 3 race series.

Transport: There is a reduced fare WightLink ferry deal. Please include an acknowledgement e-mail or SAE for details.

Age Limits: In accordance with F.R.A. rules. "Race 1" 12 years, "Races 2 and 3" 18 years.

S.E.A.A.: Competitors must complete all three races to qualify for the S.E.A.A. Championship.

Fees: £8 each race, or £20 for all 3 races in series.
Cheques payable to VENTNOR FELL RUN CHAMPIONSHIP ASSOCIATION.

Closing Date: Pre-entry appreciated but entries accepted on the day.
Entries for the S.E.A.A. Championship **MUST BE RECEIVED** by 8th September.

Reply To: Chris Lewis, Domus, Belgrave Road, Ventnor, Isle of Wight, PO38 1JZ.
Please provide an S.A.E. or an e-mail address if you require acknowledgement.

Enquiries: General enquiries, race and course information, Chris Lewis
Phone 01983 857339
e-mail aces@rydeharriers.co.uk
website www.rydeharriers.co.uk

ISLE OF WIGHT FELL RUNNING SERIES 2020

Surname: _____ Date of Birth: _____
First Name: _____ Gender (M/F): _____
Address: _____ Age on Race Day: _____

(Minimum, 12yrs – Race 1, 18yrs - Races 2 & 3.)

e-mail: _____

Phone No: _____ Vehicle Registration: _____

F.R.A. Membership No: _____

CLUB: _____

Category (please circle):

U18M U23M SM MV40 MV50 MV60 MV70
U18F U23F SF FV40 FV50 FV60 FV70

Emergency Contact Name: _____ Phone No: _____

Please circle which race(s) in the series you are entering:

St. Boniface Fell Ventnor Horseshoe Wroxall Round All Three

PLEASE NOTE S.E.A.A. CHAMPIONSHIP ENTRIES MUST BE RECEIVED BY Tuesday 8th SEPT. 2020. S.E.A.A. entry requirements:

EITHER a member of the F.R.A. born in or a resident of (9 months) the S.E.A.A. area.

If F.R.A. eligibility please include membership FRA No.: _____

OR First claim member of an S.E.A.A. club affiliated to the SEAA for Fell Running.

If Club eligibility please include Club Name: _____

- I accept the hazards inherent in fell running and acknowledge that I am entering and running this race at my own risk.
- I confirm that I am aware of the rules imposed on me by the Race Organiser and that I will comply with them.
- I confirm that I have read and will comply with, the FRA "Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether I have the skills equipment and fitness to participate in this event.
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to me or my property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).
- I consent to publication of my name, club, race category, race number, finishing time and race position in race pre-entry and results lists, and to sharing this information with trusted partner organisations (e.g. UK Athletics) for disciplinary purposes or otherwise where necessary in the interests of the sport.

Signed: _____ Parent/Guardian if under 18 Date: _____

Competitor or, if under 18, Parent/Legal Guardian or refer to Parental Consent Form