



## 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:

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### 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:

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