



BIB / RACE NUMBER
(TO BE FILLED OUT BY CASHIER)

DATE OF REGISTRATION

MM/DD/YY

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

ZIP CODE

MALE

FEMALE

DATE OF BIRTH
(MM/DD/YY)

AGE

RACE DISTANCES AND FEES
(CHOOSE ONE RACE CATEGORY ONLY)

- | | | |
|-----------------------------|-----------------------------------|--------|
| <input type="checkbox"/> 1K | <input type="checkbox"/> Bib Only | Php50 |
| <input type="checkbox"/> 3K | <input type="checkbox"/> SINGLET | Php200 |
| <input type="checkbox"/> 5K | <input type="checkbox"/> STUDENT | Php150 |

CONTACT NUMBER

SCHOOL / ORGANIZATION

SINGLET SIZE S M L XL XXL

(SHIRT SIZES ARE AVAILABLE ON A FIRST COME FIRST SERVED BASIS, AND WHILE SUPPLIES LAST.)

IMPORTANT!

EVENT TAKES PLACE RAIN OR SHINE

Registration fee is non-refundable.
Race numbers are non-transferable.
Change of category after registration is not allowed.
No multiple registration.

THIS FORM MUST BE COMPLETELY FILLED OUT
AND SIGNED BELOW TO BE PROCESSED

LIABILITY WAIVER AND RACE AGREEMENT:

I understand and agree that I am voluntarily participating in the COLOR FOAM RUN 2018 and all of its activities including, but not limited to, training for and participating in 1K / 3K / 5K main events on June 16, 2018 at 5:30 AM at the Dinalupihan Town Plaza.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it a potential for property loss, serious injury and death. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. These risks are not only inherent to athletes, but are also present on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person to not participate in such activities.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers for the event, in which I participate and that it will cover my actions and responsibilities at said events.

I, in consideration of and as a condition of the acceptance of this entry for myself, my executors, administrators, heirs, next of kin, successors, and assigns hereby waive, release and discharge the event organizers, sponsors, or volunteers from all claims, actions or damages that the former may have against the latter however caused, arising out of or in any way connected with my participation in this event.

I hereby consent to receive medical treatment provided by the organizers which may be deemed advisable in the event of accident, injury, and/or illness during this event.

This AWRL shall be construed broadly to provide and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and understand its content.

PARTICIPANT'S SIGNATURE OVER PRINTED NAME
(PARENT/GUARDIAN MUST SIGN IF REGISTRANT IS UNDER 18 Y/O OF AGE)

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME/ RELATIONSHIP: _____

CONTACT NUMBER: _____

REGISTRATION DETAILS

(TO BE FILLED OUT BY CASHIER / REGISTRATION STAFF,
PERFORATED AND GIVEN TO THE REGISTRANT)

IMPORTANT:
KEEP THIS FORM AND PRESENT DURING CLAIMING.

NAME OF RUNNER: _____

BIB / RACE NUMBER: _____

DATE OF REGISTRATION

MM / DD / YY

DISTANCE REGISTERED

- 1K
 3K
 5K

CASHIER'S NAME

SIGNATURE OF CASHIER

RULES AND REGULATIONS

- Participants below 18 years old must have their entries signed by parents/guardians.
- Race bib number must be pinned in front of shirt during the race.
- Registration is limited to the available slots per category.
- All protests related to the results must be made in writing and submitted to the Race Director within 30 minutes after the official announcement of winners. A PROTEST FEE of Php 1,000.00 may be collected for every written protest made.
- The organizers' decision is final.

WATER AND FIRST AID STATIONS

- Drinking water will be provided at selected points along the route but runners are also encouraged to be self-sufficient regarding hydration and nutrition.
- Medical aid will be available at certain points along the route via roving representatives.

DATE: JUNE 16, 2018 (SATURDAY)

VENUE: Dinalupihan Town Plaza

Race Distances: 1K, 3K, 5K

Assembly: 4:30-5:30 A.M. at Dinalupihan Civic Center

Gate closed and start of program: 5:30 A.M.

REGISTRATION PERIOD: June 11-15, 2018

REGISTRATION SITE: Dinalupihan Municipal Hall Lobby

SMOKE FREE
DINALUPIHAN
STOP SMOKING FOR LIFE

Signature Over Printed Name: _____

Signature Over Printed Name: (Parent/Guardian): _____