



AFRICAN MARATHON

MARCH 16, 2014

Entry fee is NON-REFUNDABLE and NON-TRANSFERABLE

Half marathon/ Marathon \$80

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and must be able to complete the half marathon in 6.5 hours.

Information

Last Name _____ First Name _____

Mailing Address City _____ State _____ Zip _____

Country _____ Citizenship _____ Sex: M F Date of Birth: MM /DD /YYYY _____ Age on 03/16/2014 _____

(Must be 18 for the marathon & 16 for the half)

Email address. _____ T-shirt Size: S M L XL

Estimated Finish Time: Hr ___ Min ___ Home Phone Number: () _____ Cell Phone Number: () _____

Survey

Are you a resident of an African country? (circle one) Yes No If answered yes. please proceed to waiver

How many nights will you be staying in the host country? _____ How many people will be traveling with you? _____

Please provide Names of people that will be travelling with you. Please use a supplementary sheet if necessary _____

Which airline will you fly in on? _____ Where will you be staying? (check one)

() Family () Friends () Hotel () Other

Waiver required

I understand that participating in this event is potentially hazardous and should not participate or enter unless I am physically fit, have trained adequately, and have been cleared by a physician. In the consideration of my entry, I hereby accept full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma injury or death and elect to voluntarily compete in the event and knowing and assuming such risks. I, for myself and heirs and executors hereby release and forever discharge African Marathon, Will Power Athletics, country hosting the event, and other persons or entities associates with the event and each of their respective employees, agents, volunteers, representatives, affiliates and sponsors from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose including promotional efforts of any kind, without compensation to me or my affiliates. I acknowledge that the entry fee is non-refundable and non-transferrable. I grant to the Medical Director of the Events, and its agents, affiliates and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statement made in this release agreement are true and correct and I understand that the Release have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS, I, as the parent or guardian for the above named minor give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

Signature of Applicant Date signature of legal Guardian (if under 18) Date