

# ENTRY FORM

## PERSONAL INFORMATION [Please Print]

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Surname) (Christian name) (Middle Name(s)) year month day

Email address: \_\_\_\_\_@\_\_\_\_\_ Company or School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Land: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION [Please Print]

Name: \_\_\_\_\_  
(Surname) (Christian name) (Middle Name(s))  
 Phone: Land: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_

Indicate Your Sex and Race Category, with a tick

<b>MALE OR FEMALE</b>
<input type="checkbox"/> <input type="checkbox"/>

<b>BREAST CANCER SURVIVOR</b>
<input type="checkbox"/>

<b>RUNNER OR WALKER</b>
<input type="checkbox"/> <input type="checkbox"/>

Write in Your Age on Race Day [Race category is determined by your age on the date of the race].

<b>AGE GROUP</b>	<b>15-18</b>	<b>19-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60 +</b>
<b>AGE ON RACE DAY</b>						

### Indemnity

In consideration for me, being permitted to participate as an entrant or competitor in The Denise Thwaites 5K Race for Life, I, my heirs, Executors, and Administrators hereby release, waive and keep indemnified Jamaica Reach to Recovery, Jamaica Cancer Society, The Government of Jamaica, \_\_\_\_\_ The Sports Medicine Association, and The Jamaica Amateur Athletic Association and all other clubs, Associations, companies, participants, competitors, entrants, and all of their respective agents and servants from and against all actions, claims, costs, expenses, demands in respect of death, injury, loss or damage to my person or property howsoever caused by arising out of my permission to attend at, or in any way participate during or subsequent to the said Denise Thwaites 5K Race whether as spectator, participant, or competitor, entrant or otherwise, notwithstanding that the parties above mentioned, their servants and or agents may have been contributed to the aforesaid injury, death, or loss.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

N.B. Parent or Guardian to sign, if participant is under 18 years of age.

**Note: Completion of ALL the information above is required to complete your registration.**

### Rules Highlights

1. IAAF Competition Rules for Road Races will provide overall guidance to the race.
2. A breach of the rules of the road race may result in disqualification.
3. Numbers must be worn on the front of the vest.

<b>FOR OFFICIAL USE ONLY</b> Date Form Received: 20 _____ Date Entry Fee Received: 20 _____  Date Registration Completed: 20 _____  REMARKS (if any): _____	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-weight: bold; font-size: 1.2em;">RACE NUMBER</span> </div>
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Collect Additional Entry Forms at any of the following locations: Jamaica Cancer Society  
 \*Mico University College\*G.C. Foster College\*Spartan Health Club\*Totally Male\*Cuthbert's  
 Fitness Studio\*Gymkhana