

Registration Form

NEHU HALF MARATHON 2021

(Competitive Event)

First Name: _____ Last Name: _____

(For dependant please attach medical card)

Designation _____ Department _____

Address: _____

City/Town: _____ State: _____

Pin Code: _____ Gender: Male / Female _____

Age:- _____

Email-Address _____ Contact Number: _____

Affix Recent
Passport Photo

PERSONAL INFORMATION * Contact name & number of family/friend/guardian in case of emergencies (such person should not be a participant of the event)

* Name: _____

* Tel. Number: _____ - _____

(STD Code)

(Telephone No. / Mobile No.)

Disclaimer:

Please fill up the form in CAPITAL letters only

I, _____ (full name), declare, confirm and agree as follows that I/my ward. (i) have given true and complete information in this application form and me/my ward is/am solely responsible for the accuracy of this information; (ii) have fully understood the risk and responsibility of participating in the NEHU Half Marathon 2021 or any event outlined in this application (collectively "the event") and will be participating entirely at my/his/her risk and responsibility; (iii) understand the risk of participating on a course with vehicular traffic, even if the course may be regulated/policed; (iv) understand that I/my ward must be of, and must train to, an appropriate level of fitness to participate in such a physically demanding event and I/my ward have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event/s; (v) for myself/ourselves and our legal representatives, waive all claims of whatsoever nature against any and all Sponsors of the event, all NEHU Half Marathon Committee persons, officials and volunteers, and all other persons and entities associated with the event and the V, employees, agents and representatives of all or any of the aforementioned including, but not limited to, any claims that might result from me/my ward participating in the event and whether on account of illness, injury, death or otherwise; (vi) agree that if I am/my ward is injured or taken ill or otherwise suffer/s any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my/our risk and cost, transport me/my ward to a medical facility and/or to administer emergency medical treatment and