

Relay Entry Form

Standard Chartered Bank Stanley Marathon 2017. Sunday 19 March 2017

Please read the entire form carefully before completing it. All fields marked with an (M) are mandatory and must be completed. The form should be completed in **capital letters**. An incomplete or unsigned form will not be accepted. Each applicant may register for only **one** of the two race categories (individual or team). This form is valid for one applicant only. You may use a photocopy of a blank of this form but the information and signature must be in original form.

Please note, this form is for Relay runners. Use a different form for the individual race.

Team Name (Any correspondence will be to the team captain to pass on to the rest of the team.)

Team Captain

Title (Mr, Mrs, Miss, Dr etc)

Surname (M)

First Name (M)

Address (M)

Will you travel especially to the Falkland Islands to participate in the race?

Yes No

Nationality (M)

Are you Falkland Islands born? (M)

Yes No

Gender (M)

Date of birth (M) (dd/mm/yy)

Male Female

/ /

Occupation (M)

Email

Tel. no. (M) (Home)

Work

Emergency contact name (M)

Tel. no. (M)

Have you ever run a marathon before?

Best time

Yes No

Method of payment (M) (Tick one)

Cash UK Cheque / Draft Transfer from SCB Stanley Acc. : Acc number - -

I declare confirm and agree as follows: (i) I have fully understood the risk and responsibility of participating in the Standard Chartered Stanley Marathon or any event outlined in this application (collectively "the event"); (ii) I will be participating in the event entirely at my risk and responsibility. I understand the risk of participating on a course with vehicular traffic even if the course may be regulated / policed; (iii) I understand that I must be of and must train to an appropriate level of fitness to participate in such a physically demanding event; (iv) I am fit to participate in the event and have obtained appropriate medical advice and clearance on this behalf; (v) I, for myself and my legal representatives waive all claims of whatsoever nature against any and all sponsors of the/any event, Stanley city, all political entities, authorities and officials, all Standard Chartered Bank Stanley Marathon Committee persons, officials and volunteers and all other persons and entities associated with the event and the directors, employees, agents and representatives of all or any of the aforementioned including, but not limited to, any claims that might result from me participating in the event and whether on account of illness, injury, death or otherwise; (vi) If I am injured or taken ill or otherwise suffer any detriment whatsoever I hereby irrevocably authorise the event officials and organisers to at my risk and cost transport me to a medical facility and/or to administer emergency medical treatment and I waive all claims that might result from such transport and/or treatment or delay or deficiency therein and shall pay or reimburse to you my medical and emergency expenses and I hereby authorise you to incur the same and shall provide to race officials such medical data relating to me as they may request. I agree that nothing herein shall oblige the event officials or organisers or any other person to incur any expenses or to provide any transport or treatment; (vii) I shall not hold the organisers of this event responsible for loss in transit of my entry form and/or cash, cheque, draft sent along with the entry form.

I confirm I have read, understood and will abide by the rules and guidance in the registration information booklet and especially have read the Physical Activity Readiness Questionnaire.

Participant's signature (In need verification of this signature and date of birth (such as sight of a passport) may be required)

Date