

Sri Ramakrishna Seva Samithi, Bapatla

2K Run - 5 February, 2017

Registration Form

Name: _____ Age: _____

Email: _____

Mobile Number: _____

Identification Card No. _____

Gender: Male Female

Address: _____

Date of Birth: _____

Blood Group: _____

Any Medical Issue: _____

Emergency Contact Name 1: _____

Emergency Contact Number 2: _____

Emergency Contact Relation: _____

Expected Finishing time of 2 km: _____ minutes

Declaration:

I affirm and state that I am physically fit and sufficiently trained for participating in the designated race. I have been certified to be physically fit by licensed medical practitioner and agree to indemnify the organizers its agents, employees and associates, the organizing committee and other persons connected to the event against any losses, damages, costs, liabilities, claims or proceedings arising out of any misstatement and/or misrepresentation made herein.

I understand that the decision of the organizers is final and abide by the decisions in any of these matters.

Date:

Place:

Signature

5K

Sri Ramakrishna Seva Samithi, Bapatla

5K Run - 5 February, 2017

Registration Form

Name: _____ Age: _____

Email: _____

Mobile Number: _____

Identification Card No. _____

Gender: Male Female

Address: _____

Date of Birth: _____

Blood Group: _____

Any Medical Issue: _____

Emergency Contact Name 1: _____

Emergency Contact Number 2: _____

Emergency Contact Relation: _____

Expected Finishing time of 5 km: _____ minutes

Declaration:

I affirm and state that I am physically fit and sufficiently trained for participating in the designated race. I have been certified to be physically fit by licensed medical practitioner and agree to indemnify the organizers its agents, employees and associates, the organizing committee and other persons connected to the event against any losses, damages, costs, liabilities, claims or proceedings arising out of any misstatement and/or misrepresentation made herein.

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