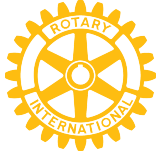




www.rcporvorim.org

Prakash Cancer Aid Project

Rotary
Club of Porvorim



Rotary Rain Run

Registration form
(Individuals)

No. _____

Name

Sex

Male Female

Date of Birth

DD / MMMM / YYYY

Age

Address

City, State & Zip

City

State

Zip

Telephone / Mobile

Telephone / Mobile No. (Please include country/state code)

Email

Occupation

Event

5 Km walk
Rs 100 per person

10 KM Run
Rs 600 per person

T-Shirt (Small/Medium/Large)
Rs 400 each

Payment details:

Please ensure cheque is
payable at par in Goa

Cash

Cheque

Demand Draft

Payable to:

Amount Paid

Rs:

Bank & Branch:

Dated:

**Emergency Contact Name,
Phone Contact & Your Blood Group**

Name:

Contact Number:

Blood Group:

Disclaimer:

I declare, confirm and agree that:

1. I have fully understood the risk and responsibility of participating in the Rotary Rain Run and will be participating entirely at my risk and responsibility.
2. I understand the risk of participating on a course with vehicular traffic.
3. I understand that I must be of an appropriate fitness level to participate in such a physically demanding event and I have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event.
4. I for myself and my legal representatives, waive all claims of whatsoever nature against any and all sponsors of the event. Authorities and official, all contractors and firms working on or near the course, all Rotary Club of Porvorim Committee persons, officials and volunteers, Prakash Cancer Aid Project and all other persons and entities associated with the event an 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.
5. I agree that if I am injured or taken ill or otherwise suffer any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my risk and cost, transport me to a medical facility and/or to administer emergency medical treatment and waive all claims that might result from such transport and/or treatment or delay or deficiency therein. I shall pay or reimburse to you my medical and emergency expenses and I hereby authorize you to incur the same
6. I 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 organizers or any other person to incur any expenses or to provide any transport or treatment.

Signature

Name

Date

Forms along with the payment may please be handed over / couriered to **Rotary Rain Run Office** or to the designated collection centers.

Note: You may also download registration forms from our website rainrun.rcporvorim.org