OFFICIAL ENTRY FORM

5k (300php)☐ 10k (500php)☐ 15k (800php)☐

T-SHIRT SIZE: _____

BIB NO.

SURNAME: _____ **GIVEN NAME**: _____ **MIDDLE NAME**: _____
PERMANENT ADDRESS: _____
BIRTHDAY (mm/dd/yyyy): _____ **BIRTHPLACE:** _____ **GENDER**: MALE ☐ FEMALE☐
NATIONALITY: _____ **STATUS:** _____ **WEIGHT (lbs.):** _____ **HEIGHT (ft.):** _____ **AGE**: _____
MOBILE: _____ **HOME PHONE:** _____ **EMAIL ADDRESS:** _____
COMPANY/ORGANIZATION/GROUP: _____
EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____
COMPANY/ORGANIZATION/GROUP: _____

PARTICIPANT'S WAIVER and RELEASE:

I, _____, of legal age, do hereby declare as follows:

1. *I know that the SUMMER ON THE HILL FUN RUN 2018 is a potentially strenuous RUNNING activity;*
2. *I do hereby, for myself, for my heirs, executors, administrators and assigns, release and discharge the organizers of SUMMER ON THE HILL FUN RUN 2018, assisting civic groups and government offices and agencies and all the sponsors of the SUMMER ON THE HILL FUN RUN 2018, as well as the officers, representatives and assigns, from all claims and damages, demands or actions whatsoever in any manner arising from or growing out of my participation in this endurance run.*
3. *I attest and verify that I have obtained a medical clearance from my doctor and that I have full knowledge of the risks involved and that I am physically fit and have sufficiently trained to participate in this event.*
4. *I have given my consent to the use of my name and photograph and/or video recording for documentation and publicity purposes.*
5. *I hereby submit to and abide by all the rules and regulations adopted by the organizers of the event, which rules and regulations have been disclosed to me prior to the event, and further agree that the decisions of the race officials as to the aspects of the event are final and non-appealable.*

IN WITNESS WHEREOF, I have hereunto signed this WAIVER this ____ (day) of _____ 2018.

_____ _____

FULL NAME OF PARTICIPANT ***PARENT'S OR GUARDIAN'S SIGNATURE over PRINTED NAME***
(If participant is 18 years old and below)

_____

SIGNATURE OF PARTICIPANT

REGISTRATION SITES and PAYMENT METHODS:

- *For ONLINE Registration - kindly fill up this form then send to CorpSR@skyarrowtech.com together with a photo of your proof of payment*
  Bank Name:
  Account Name:
  Account Number:
  Account Type:

- *For ONSITE Registration and Payment: Sky Arrow Office at 14th Floor Tower 2 RCBC Plaza Makati.*

- For inquiries, please contact: 304-1675 or 0917-886-6114
- Race Fee Inclusions are: RACE BIB, SINGLET and POST RACE MEAL.

FOR THE BENEFIT OF OUR AETA BROTHERS IN ANGAT DAM

CLAIM STUB

RACE STARTS 5:00 AM, Apr. 15, 2018
Municipal Hall of Norzagaray, Bulacan

5k ☐ 10k ☐ 15k ☐
NAME: _____
AGE: _____ SHIRT SIZE: ____

BIB NO.

CLAIMED BY:

PAYMENT VERIFIED BY/DATE:

PAYMENT METHOD: