



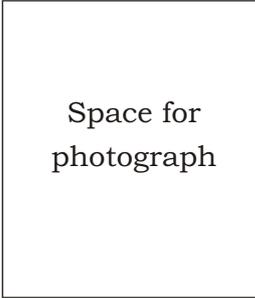
APPLICATION FORM

Please fill up the form in CAPITAL letters only



CHECK LIST: HAVE YOU.....

- Fully read the information?
- Chosen your race category (any one)?
- Affixed your recent passport sized photograph with face clearly visible?
- Attached a photocopy of your latest timing certificate. If applicable?
- Attached a copy of your Govt. issued photo ID proof?



Race Category (tick any one)

21K Run (21 Km)

Please mention your t-shirt size below

Open 10K Run (10 Km)

Please mention your t-shirt size below

5K Fun Run

Please mention your t-shirt size below

- *First Name _____ *Last Name _____
- Address: _____
- City/Town _____ *State: _____ * Pin Code: _____
- Country: _____ *Nationality: INDIAN *Gender Male Female Other
- Date of Birth: __ / __ / ____ *Mobile Number _____ Age as on [06.01.2019] __ y __ m __ d
- Email-Address (1) _____ (2) _____

- All registered & confirmed participants will receive a running t-shirt. Please tick your appropriate T-shirt size

XS S M L XL XXL

T-Shirt Size(In Inches)	XS	S	M	L	XL	XXL
Front/Back Length 9From High Point Shoulder)	26.4	27.4	28.3	29.3	30.3	31.3
Shoulder to Shoulder	15.9	16.7	17.5	18.3	19.1	19.9
Chest Width (All round)	37.0	39.4	41.7	44.9	48.0	51.2

Occupation: (tick any one)

- Business Self-Employed Salaried Govt. Employee
- Name of organisation: _____ Designation: _____
- Retired Student Unemployed Housewife Sports person

Where did you see or hear about our event?: (Tick any one)

- Radio Newspaper Television Online Outdoor Hoarding Referred by a friend

Others (If yes, where?) _____

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

* Name: _____ *Mobile Number: _____

What will be your target finish for 21K _____(hrs)_____(min) (For e.g. 02:05) or for the 10K _____(hrs)_____(min)

(Timing mentioned here is only for our information and will not be considered for line-up-sections allocated for race day. Line up section will be allocated on this basis of timing mentioned on the timing certificated submitted along with this application.)

PAYMENT INFORMATION (tick any one)

Cash Amount in Rs.

Waiver (must be signed for entry acceptance)

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 Kolkata police SDSL half marathon 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 in 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 events. **(v)** for myself/ourselves and our legal representative waive all claims of what so ever nature against any and all Sponsors of the event, Kolkata City, all political entities, authorities and officials, all contractors and construction firm working on or near the course, all Kolkata Police SDSL Half 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 no 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 ward to a medical facility and/or to administer emergency medical treatment and I/my ward waives all claims that might result such transport and/or treatment or delay or deficiency therein. I shall pay or reimburse to you my/my wards medical and emergency expenses and I/my ward hereby authorizes you to incur the same. **(vii)** shall provide race official such medical data relating to me/my ward as they may request. I agree that nothing herein shall oblige the event officials or organizers or any other person to incur any expense or to provide any transport or treatment. **(viii)** in case of any illness or injury caused to me or my ward or death suffered by me or my ward due to any medical reasons or medical condition during the race or at any time there after as a result of the event regardless or not whether such medical reasons or conditions shall have pre-existing conditions known by me and further regardless of whether I / my ward shall have disclosed at any point in time, the existence of such reason or condition to any person, none of the sponsors of the event or any political entity or authorities and official or any contractor or construction firms working on or near the course, or any of the Kolkata Police SDSL Half marathon committee persons officials or volunteers or entitles associated with the event or the directors employee agents or representative of all or any of the aforementioned shall be held liable by me/my ward or my ward's representatives **(ix)** in case of any illness or injury caused to me or my wards or bed suffered by me or my wards during the event or due to any force majeure event including but not limited to fire, riots or other civil disturbance, earth quick , storms, typhoons or terrorist act none of the sponsors of the event or any political entity or authorities and officials or any contractures of constructions firms working on or near the course, or any of the Kolkata police SDSL Half Marathon committee persons official or volunteers or entitled associated with the event or the director employee agents or representative of all or any of the aforementioned shall be held liable by me / my ward or my words representatives. **(x)** Shall not hold the organizers and all / any of the event sponsors responsible for loss of my / his / her application form and / or application fee in transit **(xi)** I / my ward do agree to received information and offers of various brands /products /services as may be sent to me / my ward by the event promoters (or a person duly authorized by the promoters) on the email address given by me / my ward in this application form. **(xii)** I / my ward understand and agree to the event terms and guidelines

Guardian's Signature is mandatory if Applicant is under 18 years on age as on 06.01.2019

Applicant's Signature

Guardian's Signature

Name & relation of Guardian with application

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