




TICKET NO.: \_\_\_\_\_

# REGISTRATION FORM

This registration form can be downloaded at [www.ckscaa.org](http://www.ckscaa.org)

## ORGANIZER'S COPY

### PERSONAL INFORMATION

**BIB NO.:** (To be filled up by store personnel)  **DATE:** \_\_\_\_\_

**NAME:** (First Name, Middle Name, Last Name) \_\_\_\_\_

**HOME ADDRESS:** (House No., Street, City, Province) \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**BIRTH DATE:** (MM/DD/YYYY) \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:**  MALE  FEMALE

**MOBILE NO.:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### WAIVER OF LIABILITY

By signing this Entry Form and participating in the CKS Foundation Run 2019 organized by Chiang Kai Shek College, I agree to abide by the rules of this event and certify that I am physically fit and adequately trained to finish the race and that I fully accept the following Waiver of Liability:

I understand that participating in this event may involve a great risk of serious injury or even death from various causes including, but not limited to, falls, overexertion, dehydration, contact with other participants, spectators, road users, effects of weather and conditions of the road. I voluntarily assume all risks associated with it.

I, in consideration of and as a condition of the acceptance of this entry for myself, my executors, administrators, heirs, next to kin hereby waive, release and forever discharge Chiang Kai Shek College, Proactive, the sponsors, promoters, agents, or servants from all claims, actions or damages that I may have against them however caused, arising out of or in anyway connected with my participation in this event.

I authorize the use of my name, voice, picture and any information provided by myself on this entry form to be used without payment in any broadcast, telecast, online promotion and advertisements. I also agree that the information I have provided may be used by the title sponsor and event organizer for the purpose of promoting future events and for the promotion of race sponsors, products and services.

Thus, I hereby accept all the terms and conditions stated above.

### DISTANCE & FEE

10K P1,000  5K P750  3K P500  1K P500

### SHIRT SIZE

XS S M L XL 2XL 3XL 4XL

### CKSC

STUDENT  ADMIN/TEACHER  ALUMNI  GUEST

**BATCH/GRADE:** \_\_\_\_\_

SIGNATURE OVER PRINTED NAME \_\_\_\_\_

PARENT'S/ GUARDIAN'S SIGNATURE \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_ **Landline No.:** \_\_\_\_\_

## RUNNER'S COPY



**BIB NO.:** (To be filled up by store personnel) 

**DATE:** \_\_\_\_\_

**NAME:** (First Name, Middle Name, Last Name) \_\_\_\_\_

### DISTANCE

10K  5K  3K  1K

### SHIRT SIZE

XS S M L XL 2XL 3XL 4XL

### REGISTRATION PERIOD AND LOCATION

ONSITE REGISTRATION:  
CHIANG KAI SHEK ALUMNI OFFICE  
DEADLINE OF REGISTRATION:  
JANUARY 18, 2019

### KIT CLAIMING PERIOD AND LOCATION

CLAIMING VENUE:  
CHIANG KAI SHEK ALUMNI OFFICE  
CLAIMING PERIOD:  
JANUARY 21-31, 2019

CUSTOMER HOTLINE: 253-0909