

2020 SHOOOL ENTRY FORM- LOCAL PARTICIPANTS

5K (RUN) 5K (WALK)

OFFICIAL USE | BIB NO.

TEAM: _____ TEAM CAPTAIN: _____

TELEPHONE: _____ EMAIL: _____

		DATE OF BIRTH						AGE	SEX	RACE
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> R <input type="checkbox"/> W
First Name	<input type="text"/>	D	D	M	M	Y	Y	AGE		

Registration includes a completed and signed Release Form for EACH participant PLUS the Entry Form.

Instructions (Please read and sign below)

1. Separate TEAM ENTRIES by Race then by Sex.
2. Alphabetize and print names clearly above. Enter Last name then First name.
3. Submit the entry form along with Participant's Release Form for each person.

Signature (Team Captain) _____

Date: _____

Participant Release Form

EACH PARTICIPANT IS REQUIRED TO FILL OUT THIS SECTION OF THE FORM AS WELL.

Please Print Clearly

OFFICIAL USE | BIB NO.

Form fields for LAST NAME, FIRST NAME, MI, SCHOOL TEAM, SEX (M / F), NATIONALITY, DATE OF BIRTH, EVENT, RACE, MTH DAY YEAR, TELEPHONE NUMBER, 1/2 Marathon, 10K, 5K, Run, Walk

EMAIL:

EMERGENCY CONTACT - NAME: TEL.:

MEDICAL CONDITION (If Any):

TERMS & CONDITIONS (Please read and sign the waiver below)

I, for myself, and anyone acting on my behalf, as a participant/entrant/competitor and my successors and heirs hereby fully and forever release, waive, discharge, indemnify and hold harmless and covenants not to sue or bring any form of legal action against The Jamaica Hotel & Tourist Association, the organizers of The Kingston City Run, The Kingston City Run, and related entities, agencies, associations or groups, clubs, companies, competitors, entrants, sponsors/co-sponsors and all their respective agents and all associated therewith, from and against any and all actions, claims, losses, expenses or damages (including but not limited to attorney's fees incurred) for personal injury or bodily injury or death and for loss or damage to my person or any property whatsoever in any manner arising whether as a result of active or passive negligent acts or omissions or willful misconduct or otherwise. I hereby, for myself, and anyone acting on my behalf assume all risks and loss (es), damages or injuries that may be sustained in the event. I, for myself, and anyone acting on my behalf, represents and warrants that he/she is in good physical condition, and is able to safely participate in the event. I, for myself or anyone acting on my behalf, is fully aware of the risk and hazard involved in participating in the event, and hereby elects to voluntarily compete in the event, knowing the risk associated with the event. I grant full permission to The Jamaica Hotel & Tourist Association, the organizers of the Kingston City Run, The Kingston City Run and any and all permission to use any photographs, audio or video recordings, verbal or written statements, or any other record of this event, for any legitimate/promotional purpose. The Jamaica Hotel & Tourist Association, the organizers of the Kingston City Run, The Kingston City Run retains the property in all photographs, video and audio material arising from the event and reserves the right to use all such images and sound as it sees fit for legitimate purposes without the participant/entrant/competitor's consent.

I am of legal age; I acknowledge having read this release, fully understand it and freely agree to all of its terms.

Signature

Date

Signature of Participant or Parent/Guardian or Coach (if under 18 years of age)

Please cut here and return top form to your Team Captain

Race Instructions

- 1. Each team should identify one person within the organization to be the Team Captain.
2. The Team Captain will be responsible for all communication with the organizers of the Kingston City Marathon including the submission of Entry Forms and Participant's Release Forms before the registration deadline.
3. Submit the completed entry form along with payment to the JHTA, 2 Ardenne Road, Kingston 10. Entries will NOT be accepted without payment. The registration deadline is Friday, March 6, 2020 or upon achieving the event registration target.
4. Registration closes Friday, March 6, 2020 or upon achieving the event limit. There is no race day registration.
5. Entries are neither refundable nor transferable, and name changes are not allowed.
6. Your race number (bib) will be labelled with your name and marked for the event you entered. The bib is to be pinned to the front front of your shirt. You MUST wear the bib number assigned to you. Switching of race events is NOT allowed once registration is closed. Entrants in the Run event can Run and Walk. However, the Walk race is for Walkers Only.
7. Be sure to arrive early for pre-race aerobic warm-up exercise and for your race event:

Table with 3 columns: Event, Race Start Time, Aerobic Warm-Up. Rows include Marathon/1/2 Marathon, 10K Run/Walk, and 5K Run/Walk.

The Cause: The Kingston City Run is organized to raise funds to support projects for the HOMELESS of the city of Kingston.