

COOK MEDICAL
Womens
MINI MARATHON



SUNDAY SEPTEMBER 30TH 2018

Before Midnight
 May 31st €17.50

After Midnight
 June 20th €20.00

From Midnight
 Sept 25th €25.00

Name:

E-Mail:

Address:

County:

Country:

Mobile Phone:

Emergency Name:

Emergency Contact

Top Size: 6 8 10 12 14 16 18

Gender: Female: Male: Distance: 10km 5km

Age Group : 18-34: 35-44: 45-54: 55-64: 65+: Other:

Special Category: Wheelchair: Yes: No:

Are you participating for a charity? Yes: No:

If yes charity name

"Customised Long Sleeved Quarter Zip Top (excluding U12s) to first 3,000 entrants - Top size will not be guaranteed" "Note: This event is not chip timed"

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained.
 In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am travelling to or from the event, during the event, or while I am on the premises of the event.
 I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.
 I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that photographs and recordings may be taken at the Cook Medical Women's Mini Marathon, which may capture my participation in the event. I hereby grant permission to the event organisers, event sponsors, promoters and each of their agents, affiliates and representatives to collect, use, store and transfer (including outside the European Economic Area) any images, photographs, recordings, website images, or any other record of this event that may contain my image for current and future legitimate marketing, promotional, advertising and/or commercial purposes. Details of the sponsors are available here <http://limerickminimarathon.com/sponsors> . I understand I can contact limerickwomensminimarathon@gmail.com if I have any queries in relation to accessing, correcting or deleting my personal data captured at the event."
 I confirm that I DO NOT have any injuries or medical conditions that would prevent me from taking part in this event.
 I confirm I am not under the influence of alcohol or any other intoxicant or drugs.

Signature: _____ Date: _____

(Parent of legal guardian must sign here for under 18's)

Please send completed form with cheque or postal order made payable to:
 Ormond, Unit 27, Tait Business Centre, Dominic Street, Limerick, Ireland on or before
 6:00pm Thursday 27th September 2018.