



Portmore Self-help Disability Awareness Charity Run

Sunday November 30, 2014

Helshire Main Road - UDC Forth Clarence Beach

Telephone: (876) 9880161 or (876) 437-1843; Email: psdohelp@yahoo.com

Application Form

Deadline: Novemeber 25, 2014

Entry:	<input type="radio"/> Individual	JMD 1000.00
	<input type="radio"/> Group of Twenty	JMD 800.00

Last Name:

First Name:

Middle Initial:

Gender

Date of Birth

YES

No

Select YES if 18 years and older on RACE DAY and you choose not to provide your DATE OF BIRTH.

Affiliation:

Contact Information

Street:

Parish:

Contact Number:

Email:

Confirm Email:

Emergency Contact Information

Name:

Contact Number:

Relationship:



Address:

Medical Condition:

Do you or any of your team members have a special medical condition tht you need us to be aware of? If yes Kindly explain

Waiver & Release

In consideration for me being permitted to participate as an entrant or competitor in this race, I, my heirs, executors and administrators hereby release, waive and keep indemnified Portmore Self-help Disability Organization and all clubs, associations, companies, sponsors, participants, competitors, entrants, and all of their respective agents and servants from and against all actions, claims, costs, expenses, demands in respect of death, injury, loss or damage to my person or property howsoever caused by arising out of my permission to attend at, or in any way participate during or subsequent to the said Portmore Self-help Disability Organization 5K Wheel/Run/Walk whether as spectator, participant, or competitor, entrant or otherwise, notwithstanding that the parties above-mentioned, their servants and/or agents may have contributed to the aforesaid injury, death or loss. Further, the participant grants full permission to any or all of the releases to use any photographs, video tapes, motion pictures, recordings, and any other record of this event for any legitimate purpose Portmore Self-help Disability Organization 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’s consent. If the participant is younger than 18 years old, the parent or guardian should accept the Indemnity.

I have read and agreed to the above mentioned Waiver and Release

By signing Name & Signature, I agree to the applicable Waiver & Release and agree that entry fees are **NOT REFUNDABLE or TRANSFERABLE**. I certify that I am 18 years old or older, or the parent/legal guardian of a minor under 18 years of age, and agree to thePortmore self-help Disability Organization Terms Of Use and Privacy Policy.

Name: _____
Signature: _____
Date: _____

Official Use Only

Accepted
 Declined

Name: _____ Date: _____
Signature: _____