



Sunday, 30 September 2012 • Prampram—Tema—Accra

To enter, register online from our website or complete entry form below and return with payment to the FIT4life offices on So. Liberia Rd., near the Kojo Thompson intersection, next to the Coral Paints car park in Tudu, Accra, GHANA

+ 233 (0) 26 434 8637 or + 233 (0) 26 243 8348 • www.aimghana.com • info@aimghana.com

Resident Ghanaian Registration Fees*:

These subsidized rates will not be available after 20 September.

Youth: 25 GHS before 20 Sep (for youth and those earning up to 400 GHS/month, regardless of event)

Marathon: 50 GHS before 1 Sep • 60 GHS before 20 Sep • \$105 by 29 Sep

Half-Marathon: 40 GHS before 1 Sep • 50 GHS before 20 Sep • \$85 by 29 Sep (20% discount for kids under 15)

10K: 35 GHS before 1 Sep • 45 GHS before 20 Sep • \$45 by 29 Sep

Those registering after 31 Jul will not be guaranteed commemorative T-Shirts

Negotiable discounts are available for families and large corporate/foreign groups.

Registration ends 29 September 2012 (No Race Day registration)

**Highly subsidized rate is intended only for locally-resident Ghanaian citizens who cannot afford the regular fee.*

Gender: Female Male Date of Birth:

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 Age on 30 September 2012: _____

Day Month Year

Country of birth or citizenship: _____

Event Category: Full Marathon | Half Marathon | 10k | Relay Team Name: _____

First Name _____

T-Shirt Singlet

XS	S	M	L	XL
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Last Name _____

Shirt Style

Shirt Size

Address _____

Phone(s) _____

E-mail _____

Profession _____

Office use only	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Waiver (signature required): ALL PARTICIPANTS IN THIS EVENT ("Event") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT. I, the undersigned participant, on behalf of myself and on behalf of my personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waive, discharge and covenant not to sue Fit4life Co. Ltd., its affiliated corporations and charities, the host city(ies), regions and country, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to me or my personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to me, my property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Event. I agree to the use of my name and/or photograph in broadcasts, newspapers, brochures and other media without compensation. I agree that the entry fee paid is not refundable and not transferable under any circumstances. I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the Event. I am aware that this event is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby accept any and all risks of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event. I have carefully read this agreement and understand its contents. I'm aware that this is a release of liability and a contract between myself and the Releasees and sign it of my own free will. I warrant that all statements made herein are true and correct and understand that Releasees have relied on them in allowing me to participate in the Event.

Signature of Participant

Date

Signature of Parent/Guardian if under 18 years

IF PARTICIPANT IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. I certify that I am the parent or guardian of participant, and my signature above certifies that my daughter/ son/ ward has my permission to participate in the Event. I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agree to its terms and conditions. I further certify that my daughter/ son/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for her/ him and grant access to my child's/ward's medical records as necessary and as stated above.