RESET FORM PRINT FORM

FIT4life presents

4th Annual Accra International Marathon

to benefit The Longevity Project saving our lives

Half Marathon & Team Relay

Sunday, 26 September 2010 • Prampram—Tema—Accra

To enter, 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

Call +233 026 4FITNESS (026 434 8637) or 026 2GET FIT (026 243 8348)
or e-mail info@aimghana.com for more information.

Registration Fees:

Marathon: $85 before 1 May • $95 before 1 Sept • $105 on or before 25 Sept
Half-Marathon: $65 before 1 May • $75 before 1 Sept • $85 on or before 25 Sept
*Resident Ghanaians: **Gh¢20;** those registering after 31 Aug will not be guaranteed T-Shirts
Corporate or Foreign Relay Team: **$150 before 1 May • $175 before 1 Sept • $200 on or before 25 Sept**
All other local relay teams pay Resident Ghanaian rate per team member

Registration ends 25 Sept 2010 (No Race Day registration)

**Highly subsidized rate is intended only for Ghanaian citizens who reside in Ghana and who would not otherwise be able to afford the regular fee.*

Gender: Female ☐ Male ☐ **Date of Birth** DD/MM/YY **Age on 26 September 2010** _____

Event Category: Full Marathon ☐ Half Marathon ☐ Relay ☐

Last Name _____

First Name _____

Address _____

_____

Phone(s) _____

E-mail _____

Profession _____

Office use only

☐ _____

☐ _____

☐ _____

☐ _____

Check shirt size:
Sm ☐ **Med** ☐ **Lg** ☐ **XL** ☐

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.