

Fit4life presents



**Sunday, 29 October 2017 • Prampram—Tema—Accra**

+ 233 (0) 27 780 2378 • (0) 26 243 8348 • [www.aimghana.com](http://www.aimghana.com) • [info@aimghana.com](mailto:info@aimghana.com)

**Registration Fees:** Marathon: \$85 before 1 Jun • \$95 before 1 Sep • \$105 by 28 Oct

½ Marathon: \$65 before 1 Jun • \$75 before 1 Sep • \$85 by 28 Oct

10K: \$40 before 1 Jun • \$45 before 1 Sep • \$50 by 28 Oct

5K: \$35 before 1 Jun • \$40 before 1 Sep • \$45 by 28 Oct

**Corporate or Foreign Relay Team:** \$220 before 1 Jun • \$250 before 1 Sep • \$275 by 27 Oct

**10% discount for kids under 15 and negotiated discount for large corporate groups**

Those living in Ghana should pay in Cedis at the exchange rate in effect at time of payment as indicated at [www.fx-rate.net/usd/ghs](http://www.fx-rate.net/usd/ghs)

*Note: Registration fees are subject to change until registration is completed.*

Those wishing to take advantage of the subsidized rates for low income locally-resident Ghanaians should apply to [info@aimghana.com](mailto:info@aimghana.com) specifying why they are eligible for these special rates. **Subsidized rates will not be available after 31 August 2017.**

**Registration closes at noon, 28 Oct 2017 (No Race Day registration)**

**PLEDGE FORM**

**AIM for a Worthy Cause!**

AIM supports the life-saving mission of The Longevity Project. Your support brings important community health outreach services to deprived families and neighborhoods. Please visit [www.longevityghana.com](http://www.longevityghana.com) for more information, and increase your impact by asking family, friends, co-workers, etc., to sponsor your participation in this worthy cause.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

DONOR'S NAME (PLEASE PRINT)	PLEDGE AMOUNT
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

TOTAL \_\_\_\_\_

Continue donor listing on reverse of this form, or make additional copies of this form if needed. You may enclose your pledges with your entry or bring them to the run. Please do not mail cash.

Raise GHS150 or more and win fabulous prizes. Visit [aimghana.com/fundraising](http://aimghana.com/fundraising) for details.

**2017 ACCRA INTERNATIONAL MARATHON REGISTRATION FORM**

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- A: Register online with your credit card at [www.active.com/accra-00000/running/distance-running-races/aim-2017](http://www.active.com/accra-00000/running/distance-running-races/aim-2017) OR
- B: ① **Make payment\*** at any Tigo Cash outlet to phone number 027 780 2378 or Fit4life's Bank of Baroda account\*\*
- ② **Complete and sign this form** online with your Tigo Cash or bank deposit confirmation number.
- ③ **Use the submit button on the form to submit** to [info@aimghana.com](mailto:info@aimghana.com).

— PLEASE NOTE THAT HAND-WRITTEN FORMS ARE NOT ACCEPTABLE —

\*Pay in Cedis at the exchange rate in effect at time of payment as indicated at [www.fx-rate.net/usd/ghs](http://www.fx-rate.net/usd/ghs).

\*\*Bank details for AIM 2017 registration payments: **Fit4life Ltd** accounts at Bank of Baroda:

Cedi account: 95710200000197; or Dollar account: 95710200000874.

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Gender: Female  Male  Date of Birth: \_\_\_\_\_ (d/m/yyyy) Age on 29 Oct 2017: \_\_\_\_\_

Country of birth/citizenship: \_\_\_\_\_

Event Category: Full Mara  | Half Mara  | 10k  | 5k  | Relay  Team Name: \_\_\_\_\_

First Name \_\_\_\_\_ Name on personalized race bib (up to 15 characters):

Bib personalization deadline is 5 pm GMT 30 Sep.

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Shirt Style		Shirt Size				
T-Shirt	Singlet	XS	S	M	L	XL

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Profession \_\_\_\_\_

**TIGO CASH PAYMENT**

**GHC:** \_\_\_\_\_

Confirmation no. \_\_\_\_\_

**Waiver:** ALL PARTICIPANTS IN THIS 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 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 / Parent or Guardian of a Participant under 18 years \_\_\_\_\_ Date (d/m/yy) \_\_\_\_\_

**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.