**OSHWAL YOUTH LEAGUE – MINI MARATHON 2015 APPLICATION FORM**

**First Name** **Surname**

**Address**

**Town/City** **Postcode**

**Phone**

**Email**

**Nationality** **Date of Birth** DD / MM / YYYY Age on 8th March 2015

**Gender**: Male □ Female □

Race Category(Please Circle One)

12 Km 5 KM

Please tick if Ksh 500 entrance fee included. Note the registration will only be accepted once payment is received.

(Please contact us on 0718633633 for alternate payment methods)

**Please specify any medical condition(s) you may have:**

**EMERGENCY CONTACT: Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTICE (Please read) Entries will not be processed unless the following disclaimer is signed.**

I declare that I will abide by the rules of the Organisers, Oshwal Youth League. I will not compete in the race unless I am medically fit to do so on the day of the race and accept that I will be participating entirely at my own risk. I accept that Oshwal Youth League, its members, volunteers and Sponsors will not be liable for any loss, damage, illness or injury whatsoever. I accept that the Organisers, their Sponsors and Partners will not be liable for any action, claim, costs or expenses that may arise in consequence of my participation of the event.

**Signature Date**