



...because there's a good life out there for the Deaf kids, for all!

Yes, I choose to be positive and run on November 15, 2009 at UP-Diliman for the abuse-prevention and treatment, and education of Deaf children and youth. I have paid PhP \_\_\_\_\_ for my participation.

Name: \_\_\_\_\_

Reg'n Received by: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_, 2009

Race Number:
--------------

YES RUN REGISTRATION FORM		Race Number:
Categories: <input type="checkbox"/> 10k Women <input type="checkbox"/> 5k Women <input type="checkbox"/> 10k Men <input type="checkbox"/> 5k Men		<input type="checkbox"/> 3k Women <input type="checkbox"/> 3k Men
Full Name of Participant (Family Name, First Name, M.I.):		Nickname:
Date of Birth (year/mo/day):	Age (2009 less Birth Year):	Singlet Size:
Home Address:		
Company/School/Organization:		
Telephone No(s):	E-mail:	
Contact in case of Emergency:		Telephone No(s):
<b>Payment info:</b> Amount PhP _____ Received by: _____ of _____ on _____, 2009		



**WAIVER / RELEASE FORM**

In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the Organizers, its officers, staff, sponsors, servants, agents and subcontractors, instrumentalities, and all voluntary community groups, and all organizations assisting this event, producers, their agents and representatives of all liabilities, claims, damages or cost, which I may have against them arising out of, or in any way connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I agree that in the event of race cancellation due to storm, rain, inclement weather, wind or any other unforeseeable, or "act of God" conditions, my entry fee shall be nonrefundable.

I have carefully read this entry form and agree to abide by all rules and directions of all race officials on the day of the race

Participant's Signature over Printed Name      Signature over Printed Name of Guardian  
 \_\_\_\_\_  
 (for Participants under 18)

Date: \_\_\_\_\_, 2009

