



A Fun Run for the benefit of the
Calasiao Childrens Chorus

REGISTRATION FORM

NAME		BLOOD TYPE	
MAILING ADDRESS (INCLUDE HOUSE No./ Street/ City/ town/ Province)			
TEL. NO, (OFFICE)	TEL. NO, (HOME)	CELL PHONE NO.	
EMAIL ADDRESS		COMPANY/ ORGANIZATION/ CHURCH/ SCHOOL	
BIRTHDATE	AGE	1K (NO SINGLET) P 150 3K RUN P 200 5K RUN P 250 10K RUN P 300	RUNNER'S NUMBER
GENDER			SINGLET SIZE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NATIONALITY		RECEIPT #	XS S M L XL XXL
CONTACT PERSON IN CASE OF EMERGENCY			CONTACT NUMBER

READ AND AGREE TO THE WAIVER

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am travelling to or from the event, during the event or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, HBK, CWRC and each of their agents, representatives, successors, and assigns, and all other persons associated with the event for all my liabilities claims, actions, or damages that I may have against them and arising out of or in anyway connected with my participation in this event. I understand, that this waiver includes any claims whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website image, recordings or any other record of this event.

SIGNATURE ABOVE PRINTED NAME PARENT/GUARDIAN'S SIGNATURE IF BELOW 18YEARS OLD



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CALASIAO TOWN PLAZA
May 5, 2012 @ 5AM

RUNNER'S COPY

RULES & REGULATION

- The RACE YOUR VOICES, has (5) categories, 1K, 3K, 5K, 10K, 15K distance
- Open to all MALE & FEMALE RUNNERS, JOGGERS, and WALKERS 18yrs old and above who are Physically fit. Children who are 18 years old required to have their entry form signed by a parent/guardian.
- ALL FINISHERS will receive a finisher's certificate in all categories.
- A non-refundable entry fee must accompany each accomplished and signed official entry form. Registered runners will receive their Race Singlet, Race Bib & Race Map.
- All runners must wear their race singlet and race bib numbers in front at all times during the run. Support vehicles or pacers are not allowed. Runners must run on the designated route for the entire route.
- Each participant must accomplish a declaration of fitness waiver form attached in the official entry form with their name and signature affix below.
- All entries must be submitted on or before April 30, 2012 until 5:00 P.M.
- Participants must be at the venue of the race 15 minutes before the starting time.
- A Participant must retire from the race immediately if required to do so by any member of the official medical staff, Race Director, referee, staff and/or Security Officer.
- The Organizers reserve the right to use any photographs (including those participants) motion pictures, recordings, or any other media records of the RACE YOUR VOICES 2012, for any legitimate purpose including commercial advertising.
- All protest related results must be in writing and submit within 30 minutes after the end or finishing of the race. Verbal protests are not going to be entertained.
- The organizer may change without prior notice any of the rules and regulations that they deemed necessary to ensure the success of the race.
- Events take place, rain or shine.
- ALL WINNERS MUST BE PHYSICALLY PRESENT TO RECEIVE THEIR AWARD DURING THE AWARDDING CEREMONIES.
- The organizers' decision is final.

1K (NO SINGLET) P 150 3K RUN P 200 5K RUN P 250 10K RUN P 300 15K RUN P 300	RUNNER'S NUMBER
RECEIVED:	
RECEIPT #	<input type="checkbox"/> SINGLET <input type="checkbox"/> RACE BIB <input type="checkbox"/> RACE MAP

Medical Emergency
IN THE EVENT OF A MEDICAL EMERGENCY PLEASE NOTIFY THE NEAREST MARSHALL OFFICER.

MARSHALLS WILL BE EQUIPPED WITH COMMUNICATION EQUIPMENT AND WILL REQUEST FURTHER ASSISTANCE OR AN AMBULANCE IF NECESSARY.

For more details contact no.
Maan S. Parayno 0927-8735209 / 0923-2330984 ;
Didith Dela Fuente 0933- 4697235
Email : raceyourvoices@gmail.com

RACE ORGANIZER : **RUNNING BEE JUNN GUTIERREZ**
0915-6009044 / 0933-1598688