

ENTRY FORM

*COMPULSORY FIELDS TO BE FILLED IN

DATE: 23RD MAY 2010

VENUE: OneRafflesPlace, 1 RAFFLES PLACE SINGAPORE 048616

CATEGORY* (Please tick the appropriate box)

Category	Early Bird Rates*	Regular Rates	Tick Participating Category
Men's Open	\$22.00	\$26.00	
Women's Open	\$22.00	\$26.00	
Team Open	\$22.00	\$26.00	
Lovers' Challenge	\$22.00	\$26.00	
Veteran's Challenge	\$22.00	\$26.00	
Youth Challenge	\$18.00	\$22.00	
NTU Team Challenge	\$18.00	\$22.00	
Inter-JC Challenge	\$18.00	\$22.00	
Corporate Challenge	\$130.00	\$130.00	

*Early Bird Registration rates apply from 4th January 2010 until 1st February 2010.From 2nd February 2010, regular registration rates apply until registration closes on 20th March 2010.

TEAM NAME*: _____

Team Leader*: _____

Name of Organization: _____

(*For team categories, team members are to submit their forms together)

Name* (As in NRIC/ passport)

NRIC/passport No*:

(For NTU alumni members, please include your course and year of graduation)

Date of Birth: ____/____/____ Age*: _____ Gender*: M / F

Nationality*: _____ T-Shirt Size (Subject to Availability)*: S / M / L / XL

NTU Matriculation Number (For participants of NTU Team Challenge)*: _____

Contact Number* Home: _____ Mobile: _____

Mailing Address*: _____ Postal Code: _____

Email Address*: _____

 Yes! I would like to be notified of future NTU Sports Club events!

Blood Group*: _____ Drug Allergies*: _____

Next-of-kin Name (Relationship)*: _____

Next-of-kin Contact Number*: _____

Declaration and Undertaking Clause:

I, _____ (NRIC/ Passport No _____) hereby declare that, I am taking part in the National Vertical Marathon 2010. I will abide by the rules and regulations of National Vertical Marathon 2010 with full knowledge of the consequences that may arise from my participation in the event and do hereby, for myself, my executors, administrators and assigns, covenant with the organisers and the Sponsors to release them and hold them harmless from any claim I may have against them in the event of an injury, fatal or otherwise, or loss or damage that I may suffer or incur as a result, howsoever arising, of my participation at OneRafflesPlace. I undertake not to make any demands, claims or institute any suit, action or proceeding in respect of any such injury, death, loss and/or damages.

I further indemnify you and the Sponsors and keep you and the Sponsors indemnified from and against all claims, actions, judgements, damages, losses and expenses whatsoever and howsoever arising from my participation at OneRafflesPlace. I also agree that the decision of the organising committee is final and no appeals will be entertained.

Signature of Participant: _____

Date: _____

*Please note that ALL participants must fill in the attached Health Declaration Form. Medical certification to ensure that they are fit for the competition is to be submitted together with the registration form.

FOR PARTICIPANTS BELOW THE AGE OF 21 OR UNDER LEGAL GUARDIANSHIP

I, _____, parent/guardian of _____, whose particulars are as stated above, confirm that I fully understand and appreciate the effects of the above Declaration and Undertaking Clause and hereby agree and declare on behalf of the Entrant that the purpose of the Declaration Clause will have equal binding effect on the Entrant.

Name and NRIC/Passport No. of Parent/Guardian

Date and Signature of Parent/Guardian

Participants are reminded to enclose the following together with their completed form:

- ✓ Cheque for registration fees
- ✓ Photocopy of NRIC/Matriculation Card/Student Pass
- ✓ Health Declaration Form with medical certificate if necessary

National Vertical Marathon 2010 Health Declaration Form

Please circle either Yes or No for the following questions:

1.	Do you have any heart condition that requires recommendation from a doctor before carrying out any physical activities? If yes, please state whether your doctor allows you to perform any physical activities: _____	Yes / No
2.	Are you currently on any prescribed drugs for any heart conditions or blood pressure?	Yes / No
3.	Do you feel pain in your chest area whenever you perform physical activities?	Yes / No
4.	Have you felt any chest pains in the past month, even without performing physical activities?	Yes / No
5.	Have you ever lost consciousness, or lost balance due to dizziness, after strenuous activities?	Yes / No
6.	Do you have any Asthma problems? If yes, please state if your doctor allows you to perform any physical activities: _____	Yes / No
7.	Have you ever experienced unusual or extreme shortness of breath during or after exercise?	Yes / No
8.	Do you have any bone or joint conditions which may be worsened by engaging in strenuous activities?	Yes / No
9.	Are you aware of any physical conditions that you may have which renders strenuous physical activities unsafe for yourself?	Yes / No
10.	Have you ever lost consciousness due to exercise, emotions or startle?	Yes / No

If any of your answers to the above questions is "Yes", please consult a doctor and get medical certification to prove your fitness before joining the event. Please submit this form, together with any medical certificates if necessary, with the Registration form. Alternatively, you may also bring down this form and the necessary documents to submit to us on our event day. Thank you.

Declaration:

I am fully aware of the risks involved. I declare that I am physically fit and have sufficient training to take part in the event and have not been otherwise advised by a qualified medical person. I confirm that I will not hold the organization (NTU Sports Club, Sports and Recreation Centre, Student Affairs Office), its servants, agents and Sponsors responsible or in any way liable for any death, disability, personal injury, loss of property or any other loss howsoever arising from any cause whatsoever in connection with the event or my participation therein.

Name (NRIC/Passport No.) of Participant: _____

Signature: _____

Date: _____