

ENTRY FORM - 11TH ECR RUN

Event Venue: MGM Beach Resorts, East Coast Road

Date: November 8, 2009

Start Timings:

30K & 25K	5:00 AM	15K & 10K	6:00 AM
20K	5:30 AM	5K	6:45 AM

Personal Information

Name

Date of Birth *Gender* *Male / Female*

Postal Address

Contact Number *E-mail Id*

T-Shirt Size *S / M / L / XL / XXL*

Event Information

Running Distance *5K / 10K / 15K / 20K / 25K / 30K*

Longest distance you have run before

When and where

Emergency Information (Contact details of a person to be contacted in case of emergency)

Name *Number*

Relationship

P.T.O



Acknowledgement

Received Rs. 275/- towards the ECR Run from On
..... At

Medical Information

Years/Months of Running history

Do you have any chronic disease YES / NO

Do you suffer from ailments associated with Blood pressure or cardiac or circulatory disorders YES / NO

Smoking YES / NO Frequency (if Yes)

Drinking YES / NO Frequency (if Yes)

Blood Group

DISCLAIMER

I understand that long distance running is an extreme sport and can be injurious to body and health. I take full responsibility for participating in the ECR Run and do not hold Chennai Runners Association and other organising persons responsible for any injury or accident. I agree to abide by the instructions provided by the organiser from time to time in the best interests of my health and event safety. I also agree to stop running if instructed by the Race director or the medical staff or by the aid station volunteers. I have filled in a questionnaire on my medical condition as requested by Chennai Runners Association in order to assist them in case of an emergency.

Signature:

Parent's Signature:

(If Below 18 years of age on November 7, 2009)

Date:

Place