



10 Sai Tirth, Panchpakhadi, Thane (W) - 400602
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REGISTRATION FORM

Form No.

Personal Details

Prefix (Mr., Mrs., etc.):*

Name: * FIRST NAME LAST NAME

Date of Birth: *

Gender: *(Please tick ✓ mark) Male Female

Address: *

Town/City: * State: *

Country: * Postal / ZIP Code: *

Phone No.: * E-mail ID: *

School / Organization: *

Category: Distance:

In case of entry not accepted, the refunds via NEFT will be made in favour of...(INR 100 will be deducted as processing charges and you will be contacted on your email asking for your NEFT/ Bank account details)

For Internal use only

Receipt

Receipt No.:

Date:

Total Fees:

Enrollment Details

Enrolled For:

Venue:

Remarks

Date:

Attach your recent photograph with your face clearly visible

Attach a copy of your Govt. issued photo-identity proof, eg, passport, PAN, etc.

Do you have a story that would be of interest to Local Media?

Have you participated in any Open Water Swimming Event before ?

Where did you hear about Swimathon?

Full Name

Signature

Form No.

Received with thanks from Mr./Mrs./Ms.

a sum of Rs. (in words Rupees)

only

by Cash/Cheque/D.D No. Drawn on

in Full / Part Payment against

—: TERMS AND CONDITIONS :—

I declare, confirm and agree as follows that I/my ward -

1. Have given true and complete information in this application form and me/my ward is/am solely responsible for the accuracy of this information
2. Have fully understood the risk and responsibility of participation in the Swimmathon or any event outlined in this application (collectively "the event") and will be participating entirely at my/his/her risk and responsibility
3. Understand the risk of participating on a course in Open Water, even if the course may be regulated / policed
4. Understand that I/my ward must be of, and must train to, an appropriate level of fitness to participate in such a physically demanding event and I/my ward have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event/s
5. For myself/ourselves and our legal representative, waive all claims of whatsoever nature against any and all sponsors of the event, Goa City, all political entities, authorities and officials, all Swimmathon Committee persons, officials and volunteers, Swimmathon and all other persons and entities associated with the event and the directors, employees, agents an representatives of all or any of the aforementioned including, but not limited to, any claims that might result from me/my ward participating in the event and whether on account of illness, injury, death or otherwise
6. Agree that if I am/my ward is injured or taken ill or otherwise suffer/s any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my/our risk and cost, transport me/my ward to a medical facility and/or to administer emergency medical treatment and I/my ward waive/'s all claims that might result from such transport and/or treatment or delay or deficiency therein. I shall pay or reimburse to you my/my ward's medical and emergency expenses and I/my ward hereby authorize/s you to incur the same
7. Shall provide to race officials such medical data relating to me/my ward as they may request. I agree that nothing herein shall oblige the event officials or organizers or any other person to incur any expense or to provide any transport or treatment
8. In case of any illness or injury caused to me or my ward or death suffered by me or my ward during the race or at any time thereafter as a result of the event, due to any medical reasons or medical condition (regardless or not whether such medical reasons or condition shall have been pre-existing conditions known by me and further regardless of whether I/my ward shall have disclosed the existence of such reason or condition to any person) or due to any force majeure event including but not limited to fire, riots or other civil disturbances, earthquakes, storms, typhoons or any terrorist act, none of the sponsors of the event or any political entity or authorities and officials or any of the Swimmathon Committee persons, officials or volunteers or Square Off Sports Pvt. Ltd. or any persons or entities associated with the event or the directors, employees, agents or representatives of all or any of the aforementioned shall be held liable by me/my ward or my/my ward's representatives
9. Understand, agree and irrevocably permit Square Off Sports Pvt. Ltd. to share the information given by me/my ward in this application, with all/any entities associated with the Swimmathon, at its own discretion
10. Understand, agree and irrevocably permit Square Off Sports Pvt. Ltd. to use my/my ward's photograph which may be photographed on Race Day, Dry Run Day and/or during any associated events with the Race, for the purpose of promoting Square Off Swimmathon, at its own discretion
11. Shall not hold the organizers and all/any of the event sponsors responsible for loss of my/his/her application form and/or application fee in transit
12. I/my ward do agree to receive information and offers of various brands/products/services as may be sent to me/my ward by the event promoters (or a person duly authorizer by the promoters) on the email address given by me/my ward in this application form
13. I/my ward understand and agree to the event terms and guidelines

Full name

Signature