



DR. SAM NUJOMA

Half Marathon 2017

27 August 2017
Doc Jubber Fields - Olympia, Windhoek



INDIVIDUAL

Full Names: _____
Sex: ☐ Female ☐ Male
Date of Birth : _____ Age: _____
Physical Address: _____
_____ Postal Address: _____
Tel (h): _____ Tel (w): _____ Mobile: _____
Email: _____

TEAM / CLUB / CORPORATE

☐ CLUB ☐ SCHOOL ☐ CORPORATE
Name: _____ Number of Participants: _____
Physical Address: _____
_____ Postal Address: _____
Tel (h): _____ Tel (w): _____ Mobile: _____
Email: _____

RACE DETAILS

5 KM Categories

☐ Open

10 KM Categories

☐ Open ☐ Junior ☐ Masters ☐ Veterans

21 KM Categories

☐ Open ☐ Junior ☐ Masters ☐ Veterans

I / We understand that I / We will have to pay N\$50 - Individual / N\$ 100 - Club or School or Corporate (Non Refundable) registration fee or show proof of payment on arrival.

☐ Yes

DISCLAIMER

In consideration of the acceptance of entry, I on behalf of myself, my executors, heirs, administrators and assigns do hereby release and discharge the organisers any and all sponsors, any and all volunteer groups, all medical personnel, any and all local authorities from all claims for injuries, damage, or property loss I may suffer caused by the negligence of any of them and arising out of my participation in this event, including pre and post race activities. I am physically fit and sufficiently trained to participate in this event and assume all risks for this participation. I accept all rules, conditions and regulations of the organisers and will comply by them. Also, I grant permission to the organisers to use my name, photography, videotapes or broadcast of this event free of charge.

