



ACADEMIC OVAL, UNIVERSITY OF THE PHILIPPINES, DILIMAN, QUEZON CITY

Full Name:		Race Category 4.4k 6.6k 11k	
Date of Birth: (mm / dd / yy)	Age	Male <input type="checkbox"/>	Shirt Size
		Female <input type="checkbox"/>	
Home Address:			
Company / School / Organization			
Telephone / Mobile	Email Address		
In case of emergency:			
Contact Person:	Contact number:		

WAIVER / RELEASE FORM

IMPORTANT EVENT TAKES PLACE RAIN OR SHINE

1. ENTRY FEE IS NON-REFUNDABLE.
2. RACE NUMBERS ARE NON-TRANSFERABLE.
3. CHANGE OF RACE CATEGORY AFTER REGISTRATION IS NOT ALLOWED.
4. NO MULTIPLE REGISTRATIONS.

LIABILITY, WAIVER AND RACE AGREEMENT

In consideration for your acceptance of my entry, I intend to be legally bound, together with my heirs, executors and administrators, and do hereby waive, release and forever discharge OurDreams, its directors, officers, agents, organizers, from any claim for damages that I may have against the aforesaid entities/individuals and all parties involved in the event.

I attest being fully trained and fit to participate in this event and have full knowledge of the risks involved. I also give permission for the free use of my name, photos, print account or any other document in any medium of this event.

I have carefully read this entry form and agree to abide by all the rules and directions of all race officials on the day of the race.

Signature over Printed Name

Guardian's Signature over Printed Name
(For Children below 18 yrs.old)

ACKNOWLEDGEMENT RECEIPT

Name: _____
Registration received by: _____
Date: _____

Amount paid: PHP _____