



REGISTRATION FORM

PhilHealth Run 2015

DSWD Authority No.: DSWD-NCR-2014-SP-020

Race Site: _____

Kindly fill-up all the required information and sign the waiver. Shaded portions shall be filled-up by the registration agent.

BIB NO. (For Official Use Only)	CATEGORY Student <input type="checkbox"/> 3K-P150 (Race Bib Only)	SINGLET SIZE <input type="checkbox"/> None <input type="checkbox"/> XS <input type="checkbox"/> S
	<input type="checkbox"/> 3K-P400 <input type="checkbox"/> 10K-P750 <input type="checkbox"/> 5K-P600 <input type="checkbox"/> 20K-P900	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Last Name & Suffix Name (e.g. Jr, II, III, etc)			First Name			Middle Name		
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Age	Birthdate (mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Mobile Number/s	Landline Number/s
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House No & Street Name	Barangay	Municipality/City	Province
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Email Address/es	Club/Organization/Company/Affiliation/Authorized Representative
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Registration Reference Number	P Registration Fee	Official Receipt No./Transaction Reference No.
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Date and Place of Singlet & Race Kit Release	Singlet Released by (printed name & signature)/Date	Singlet Received by (printed name & signature)/Date
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WAIVER

By signing this Registration Form and participating in the PhilHealth Run 2015 - "Ready... TSeKaP... Go!", I agree to abide by the rules of the event and certify that I am fully and physically fit and adequately trained to finish the race and that I fully accept this Waiver of Liability. I understand that participating in this event may involve real risk of serious injury or even death from various causes, including but not limited to falls, over exertion, dehydration, contact with other participants, spectators, road users, effect of weather and conditions of the road. I voluntarily assume all risk associated with my participation in the event or any activity associated with it. I, in consideration of and as a condition of the acceptance of this registration for myself, my executor, administrators, heirs, next of kin hereby waive, release and forever discharge the event organizers, sponsors, promoters, agents, or servants from all claims, actions or damages that I may have against them howsoever cause, arising out of or in any way connected with my participation in this event. I authorize the use of my name, voice and picture and any information provided by myself on this registration form to be used without payment in any broadcast, telecast, promotion or advertisement. I also agree that the information that I have provided may be used by PhilHealth and by the event organizer for promotions, marketing, sponsorships, and for any other legitimate purpose.

Signature over printed name/Date
(Parent/Guardian if under 18 years old)

In case of emergency contact:

Name	Mobile No.	Landline No.
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Relationship	Address
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BIB NO. (For Official Use Only)

DSWD Authority No.: DSWD-NCR-2014-SP-020

Last Name & Suffix Name	First Name	MI	Registration Reference Number
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Student 3K (Race Bib Only) 3K 5K 10K 20K	None XS S M L XL XXL	P	Official Receipt No./Transaction Reference No.
Event	Singlet Size	Registration Fee	

Date and Place of Singlet & Race Kit Release	Singlet Released by (printed name & signature)/Date	Singlet Received by (printed name & signature)/Date
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