





18th February 2024 Payyambalam, Kannur

REGISTRATION FORM

| First Name: Last Name: BIB Name: Email ID: Mobile No: Address: City: Pin Code: State: Gender: Male Female DOB: | Category | Open 21K 21.1 Kms. Rs. 750.00 |
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| Email ID: Mobile No: Address: City: | First Name | : |
| Email ID: Mobile No: Address: City: Pin Code: State: Gender: Male Female DOB: | Last Name | : |
| Mobile No: Address: City: | BIB Name : | |
| City: | Email ID : | |
| City: | Mobile No | : |
| City: | Address : | |
| State: Gender: Male Female DOB: | | |
| Gender: Male Female DOB: | City : | Pin Code: |
| Blood Group: A+ A - B+ B- O+ O- AB+ AB- ID Proof: Driver's License Passport Pan card Voter's id Aadhar Card ID Proof Number: Emergency Contact Name: Emergency Contact Relationship: I hereby declare that I have consulted my panel doctor about my current health and I was informed by the same doctor that I am fit to participate. I declare, confirm and sgree as follows: I/my ward all have given true and complete information in this application form and I/my ward am 'is solely responsible for the accuracy of this information. 2) have fully understood the risk of participating in long distance running and take full responsibility for participating in the event and will not hold the organizers responsible for oran yinjury or accident. 3) understand the risk of participating on a course with whelmout a traffic, 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 must be of, and must train to, an appropriate level of fitness to participate in such a physically demanding event and I/my ward must be of, and must runtion provided by the organizers from time to time in the best interest of my health and event safety: 6 agree to stop running if instructed by the Race director or the medical staff or by the aid station volunteers. 7) have informed about my medical condition as requested by the organizers in order to assist them in case of an emergency. 8) understand and agree to the event terms and questand and agree that the registration amount is non refundable. 10) Participants in the veteran category should have been born before 17-1-1984. Payments to be in favour of: The North Malabar Chamber of Commerce, Chamber Junction, Kannur. Online transfer: Account Name: The North Malabar Chamber of Commerce, Chamber Junction, Signature of the Participant: FOR OFFICIAL USE | State : | |
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