



# Saturday 3<sup>rd</sup> July 2010

## OFFICIAL ENTRY FORM

PLEASE PRINT IN INK OR BALL POINT PEN IN BLOCK CAPITALS

### HALF MARATHON RACE – SATURDAY 3<sup>rd</sup> JULY 2010

**Personal Data:**

TITLE:  Mr  Mrs  Ms

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GENDER:  Male  Female AGE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

County/Region: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Are you native of Achill? \_\_\_\_\_

Nationality: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Name of Athletics Affiliated Club (if applicable): \_\_\_\_\_

Age on day of race: \_\_\_\_\_

Do you have a medical condition about which the organisers should be informed? \_\_\_\_\_

If your answer is "Yes" please state nature of your condition

\_\_\_\_\_  
\_\_\_\_\_

Indicate your T-shirt size:      Men's – XL, Large, Medium, Small

Ladies – XL, Large, Medium, Small

Indicate which category you will be entering:

Male Runner     Female Runner     Walker     Wheelchair

Will you be supplying your own chip?     Yes     No

If Yes please advise your chip Number: \_\_\_\_\_

If PB under 70?     Yes     No

Tell us a little more about yourself?  
(Training, first marathon etc)

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### **2010 Sponsorship Pack**

If raising money gets you motivated and you would like to help please tick here and we will send you our combined sponsorship card.     Yes     No



Please mail your entry form along with a cheque/postal order or bank draft for €60.00 made payable to Achill Event Management Limited.

Post your entry forms to :  
Achill Half Marathon  
C/O Achill Tourism  
Cashel  
Achill  
Co Mayo  
IRELAND

**PLEASE REMEMBER TO SIGN AND RETURN THE DECLARATION ON PAGE 3**

Declaration Form:

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained.

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am travelling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including and not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road.

I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organisers, sponsors, promoters, Active.com, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.

I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

We advise that any potential participant not currently involved in physical sporting activity, should undertake a medical examination before taking part in the race.

I understand that I enter the Achill Half Marathon at my own risk and that neither Achill Event Management Limited, or any of our sponsors will be held responsible for any accident suffered or injury sustained by myself from any cause whatsoever or for any property lost, mislaid or stolen on the course or at the changing areas. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

Entrants must be over 18 years of age on race day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_