

REGISTRATION FORM FOR CAUSEATHON 2018

(For official Purpose)Form No: _____

FULL NAME: _____

GENDER: Male Female Race Category: 10 KM 1 KM

Person on Spectrum Yes No

AGE (as on 31st March 2018): _____

MOBILE NO: _____

E-MAIL ID: _____

ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TELE NO.: _____

Please fill separate form for each runner. Payment can be done either by cash or online transfer. To pay by cash please visit our centre.

Address – Khushi Pediatric Therapy Centre

28, 3rd Floor, Prabhudayal CHS, Off. Western Express Highway, Parsiwada, Sahar Road, Andheri (East), Mumbai -400093.

Ph. No. +91 9819561468

Timings- Monday to Friday 9:00 AM to 6:30 PM, Saturday 9:00 AM to 1:30 PM

Bank Details for online transfer:

A/c Name: Khushi Pediatric Therapy Centre

A/C No: 642701000579

Bank : ICICI Bank

IFSC Code: ICIC0006427

Branch: Andheri East, Mumbai.

For bank transfer email us the transaction details and form at info@khushi.net.in

Participant's copy

Form No: _____

Date _____

We confirm the receipt of the payment towards registration in Causeathon.

Received Rs. _____ from _____

Race Category 10 KM 1 KM

Received by: _____

Receiver's Signature _____

I hereby declare, confirm and agree as follows and I/ my ward:

1. The information provided by me/my ward in this application form is true and me/ my ward is solely responsible for the accuracy of this information;
2. Understand that should the participant be minor, the parent or guardian will be responsible for the child's participation in the event and the organizer is not responsible for any damages, whatever the cause, to suffer less as a result of their participation.
3. Have fully understood the risk and responsibility of participating in this event and will be participating entirely at my risk and responsibility;
4. Understand the risk of participating in a course with open traffic even though part of the traffic is regulated/ controlled by the traffic police;
5. I/ my ward is of appropriate physical fitness to undertake participation in this event of physical endurance and that I/ my ward have obtained clearance from my medical practitioner for taking part in this event;
6. Myself/ ourselves and our legal representatives waive all claims against the organisers of this event Khushi or their Event Partners Xtreme Sports India, all officials associated with this event, contractors and all other persons or entities associated with this event and their directors, employees, associates, agents and representatives of all or any of the aforementioned, including but not limited to any claims that may result from my/ my ward's participation in the event whether on account of illness, injury, death or otherwise;
7. Agree that in case of any illness or injury to me/ my ward during the event, the organisers have the authority to transport me at their discretion to the nearest medical hospital or centre and I waive all claims resulting from delay in such transport or delay in receiving medical treatment thereof. I shall pay you or reimburse you the costs involved in such medical treatment and authorise you to incur it on my/ our behalf;
8. Understand and agree that the registration fees is neither refundable nor transferable;
9. Agree that if the event is cancelled due to force majeure, the organisers will set a new date and the event will take place at such new date. The organizer is not liable for any costs incurred by the participant if the event has to be cancelled due to force majeure.
10. I/ my ward give my name and image rights for publicity or promotion of the event or similar events.
11. I/ my ward understand and agree to the event terms and conditions;
12. I agree to receive any communication regarding the marathon on the email id and mobile no.

(Sign) _____

(Date) _____

Name) _____