## Application Form

**Deadline: November 25, 2014**

<table>
<thead>
<tr>
<th>Entry:</th>
<th>JMD 1000.00</th>
<th>JMD 800.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Individual</td>
<td></td>
<td></td>
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<tr>
<td>O Group of Twenty</td>
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</tbody>
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### Last Name:

### First Name:

### Middle Initial:

### Gender

### Date of Birth

- □ YES
- □ No

Select YES if 18 years and older on RACE DAY and you choose not to provide your DATE OF BIRTH.

### Affiliation:

### Contact Information

**Street:**

**Parish:**

**Contact Number:**

**Email:**

**Confirm Email:**

### Emergency Contact Information

**Name:**

**Contact Number:**

**Relationship:**
Portmore Self-help Disability Organization

Address:

Medical Condition:

Do you or any of your team members have a special medical condition that you need us to be aware of? If yes, kindly explain.

Waiver & Release

In consideration for me being permitted to participate as an entrant or competitor in this race, I, my heirs, executors and administrators hereby release, waive and keep indemnified Portmore Self-help Disability Organization and all clubs, associations, companies, sponsors, participants, competitors, entrants, and all of their respective agents and servants from and against all actions, claims, costs, expenses, demands in respect of death, injury, loss or damage to my person or property howsoever caused by arising out of my permission to attend at, or in any way participate during or subsequent to the said Portmore Self-help Disability Organization 5K Wheel/Run/Walk whether as spectator, participant, or competitor, entrant or otherwise, notwithstanding that the parties above-mentioned, their servants and/or agents may have contributed to the aforesaid injury, death or loss. Further, the participant grants full permission to any or all of the releases to use any photographs, video tapes, motion pictures, recordings, and any other record of this event for any legitimate purpose Portmore Self-help Disability Organization retains the property in all photographs, video and audio material arising from the event and reserves the right to use all such images and sound as it sees fit for legitimate purposes without the participant’s consent. If the participant is younger than 18 years old, the parent or guardian should accept the Indemnity.

I have read and agreed to the above-mentioned Waiver and Release.

By signing Name & Signature, I agree to the applicable Waiver & Release and agree that entry fees are NOT REFUNDABLE or TRANSFERABLE. I certify that I am 18 years old or older, or the parent/legal guardian of a minor under 18 years of age, and agree to the Portmore self-help Disability Organization Terms Of Use and Privacy Policy.

Name: ____________________________
Signature: ____________________________
Date: ____________________________

Official Use Only

Accepted

Declined

Name: ____________________________ Date: ____________________________
Signature: ____________________________