

ENTRY FORM
THE CUSTOMS & EXCISE DEPARTMENT
PURITY BAKERIES 5K Races
SATURDAY, SEPTEMBER 06, 2014
STARTING TIME: 6:00 A.M.

Please Tick: 5K RUN 5K WALK

PLEASE PRINT

NAME: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ TEAM: _____ SEX: M F

BIRTH DATE: Day _____ / Month _____ / Year _____ RACE DAY AGE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

RELEASE: In consideration of your accepting this entry, I the undersigned attest that I am physically fit and have sufficiently trained for this event and my physical condition has been verified by a licensed Medical Doctor. Further, intending to be legally bound, I do hereby waive and release any and all rights and claims for damages I or others may have against the organizers of this event, their employees, agents, insurers and representatives for any and all injuries suffered by me in said event. I hereby give full permission to the Customs and Excise Department, the local Athletic Association of Barbados and Purity Bakeries to use any videotapes, motion pictures, photographs, recordings and other record of the Customs/Purity 5K Run and Walk Races for legitimate purposes.

This event is sanctioned by the Athletic Association of Barbados (AAB)

Do you agree to the RELEASE above? Print YES or NO in the space provided: _____

SIGNATURE: _____ PARENT (IF
RUNNER IS UNDER 18) _____

Please complete and return this form along with an entry fee of \$5.00 to collect your race number from Tuesday September 02, 2014 onwards at Barbados Port Inc. Building, no later than 5:30PM Friday September 05, 2014 or at Purity Bakeries Collymore Rock St. Michael, no later than 4:00PM Friday September 05, 2014

RACE DAY REGISTRATION WILL NOT BE ALLOWED

Contact: Mr. Ian Callender ian.callender@customs.gov.bb, ph: 310-3838 or 310-3800

For official use only

Paid: _____

RUNNER'S NUMBER:

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