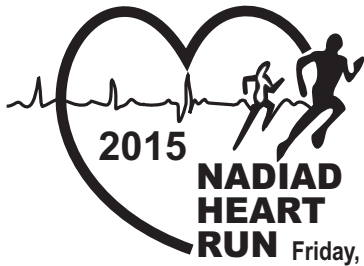


LAST DATE OF REGISTRATION:- 21ST SEPTEMBER 2015



WORLD HEART DAY

Organized by:



DDMM
HEART INSTITUTE
NADIAD



**GMC CARDIOTHORACIC
AND VASCULAR
RESEARCH SOCIETY**
Mo.: 8866758787

Kindly fill the form in CAPITALS. All fields are mandatory. Incomplete forms and unsigned forms will not be accepted.

Personal Information

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

.....

.....

Phone No. Cell No.

Date of Birth : Date Month Year Gender : Male / Female

E-mail ID : /Birth day proof

Occupation : Business / Service / Self employed / Retired / Housewife / Student

Name and Contact number of person in case of emergency :

Name -.....No.....

RUN CATEGORY : **HEART RUN (2.7 KM)**

: **DREAM RUN (7 KM)**

Child(<16YRS)-	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Adult-	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Sr. Citizen-	<input type="checkbox"/> Male	<input type="checkbox"/> Female

REGISTRATION FEE : Rs.100/-

T-SHIRT SIZE :

ACTUAL T-SHIRT MEASUREMENTS						
LABEL	XS	S	M	L	XL	XXL
CHEST	19	20	21	22	23	24
LENGTH	26	27	28	29	30	31
SHOULDER	16	17	18	19	20	21

Form submission palce : DDMM Heart Institute, mission road, Nadiad.



FOR OFFICIAL USE:

Name :

BIB NO.:

CATEGORY: MALE/FEMALE/SR. CITIZEN MALE/SR. CITIZEN FEMAL/CHILD(<16YRS

I declare, confirm, and agree as follows and I / my ward.....

- (i) The information given by me/my ward in the application form is true and me/my ward am/is solely responsible for the accuracy of this information
- (ii) Have fully understood the risk and responsibility of participating in the "THE NADIAD HEART RUN " event outlined in this application (collectively "the event") and will be participating entirely at my/his/her risk and responsibility.
- (iii) I understand the risk of participating on a course with vehicular traffic, even if the course may be regulated/policed
- (iv) 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 have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event/s
- (v) For myself/ourselves and our legal representatives, waive all claims of whatsoever nature against any and all Sponsors of the event, Nadiad Town, all political entities, authorities and officials, all contractors and construction firms working on or near the course, all Nadiad Heart Run organizers, officials and volunteers, Nadiad Municipality and all other persons and entities associated with the event and the directors, employees, agents and representatives of all or any of the aforementioned including, but not limited to, any claims that might result from me/my ward participating in the event and whether on account of illness, injury, death or otherwise
- (vi) Agree that if I am/my ward is injured or taken ill or otherwise suffers/any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my/our risk and cost, transport me/my ward to a medical facility and/or to administer emergency medical treatment and I/my ward waive/s all claims that might result from such transport and/or treatment or delay or deficiency therein. I shall pay or reimburse to you my/my ward's medical and emergency expenses and I/my ward hereby authorize/s you to incur the same
- (vii) Shall provide to race officials such medical data relating to me/my ward as they may request. I agree that nothing herein shall oblige the event officials or organizers or any other person to incur any expense or to provide any transport or treatment.
- (viii) In case of any illness or injury caused to me or my ward or death suffered by me or my ward due to any force majeure event including but not limited to fire, riots or other civil disturbances, earthquakes, storms, typhoons or any terrorist act, none of the sponsors of the event or any political entity or authorities and officials, or any contractor or construction firms working on or near the course, or any of the Nadiad Heart Run organizers, officials or volunteers or Municipality or any persons or entities associated with the event of the directors, employees, agents or representatives of all or any of the aforementioned shall be held liable by me/my ward or my/my ward's representatives.
- (ix) Understand, agree and irrevocably permit Nadiad Heart Run organizers to share the information given by me/my ward in this application, with all/any entities associated with the Run, at its own discretion
- (x) Understand, agree and irrevocably permit Nadiad Heart Run organizers to use my/my ward's photographs which may be photographed on Run Day and/or during the Run for various purposes including promoting the Nadiad Heart Run organizers, at its own discretion
- (xi) Shall not hold the organizers and all/any of the event sponsors responsible for loss of my/his/her application form in transit
- (xii) I/my ward understand and agree to the event terms and guidelines
- (xiii) I have understood that the decision of the judges appointed by the Nadiad Heart Run organizers will be final and binding.
- (xiiii) Children below 12 years of age should not participate in Nadiad Heart Run**

Date :

.....
Guardian's Signature
(if applicant less than 18yrs)

Applicants Signature.....

Relationship to applicant.....