



KABARAK UNIVERSITY HALF MARATHON

REGISTRATION DATES
10TH MARCH 2019 –
14TH SEPTEMBER 2019



The Kabarak University
Half Marathon

INDIVIDUAL REGISTRATION

PARTICIPANT INFORMATION

BIB NO

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Full Name: _____

Address: _____

Mobile No.: _____

County: _____

Year of Birth: _____

MEDICAL INFORMATION

Emergency Contact Name: _____

Mobile No.: _____

RACE INFORMATION

I am registering for* (Please check one and circle where applicable)

- Half Marathon only 10K Individual only Corporate Fun Race only

Approximately how many half marathons have you participated in (Please Check One)

- This is my first 1 to 5 5 to 10 10 to 15 Over 15

Approximately how many 5Ks have you participated in (Please Check One)

- This is my first 1 to 5 5 to 10 10 to 15 Over 15

How did you hear about the Kabarak Half Marathon? _____

T-SHIRT SIZE

- S M L XL XXL XXXL

PAYMENT DETAILS

- The entry fee is **Ksh. 1,050** for individual registration payable through M-Pesa paybill **866388** or Account Number **0040503-005** at Transnational Bank Nakuru Branch.
- If paying through MPESA then input your name under the account.
- Fill in the complete paybill payment reference number in the section provided.
- Scan and send completed form via email to resourcem@kabarak.ac.ke
- Collect your Bib no. upon confirmation of your payment at Transnational Bank Braches countrywide.

PAYMENT CONFIRMATION DETAILS

Input MPESA Payment Code, Receipt or Cheque No. on the boxes provided below

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NOTE:

- You are required to sign this entry form in order for you to participate .
- No substitutions or transfers can be made on your entry fee and there are NO exceptions.
- Individuals who register for Fun Race will receive free T-Shirts upon registration.

DECLARATION

I have read and understood the rules and regulations and agree to participate on the understanding that I will adhere to all the rules and regulation of the event entered. Waiver Clause: In consideration of the acceptance of my entry, I, my heirs, successors, and assigns, do hereby unconditionally waive and realize the organizers, this competitions sponsors and all persons and agencies connected with it from all claims and damages whatsoever, that may arise from my participation in this competition, including without limitation, personal injury. The organizers reserve the right to postpone the race. I also confirm that I am medically fit to participate in this event.

Participant's Signature

PARTICIPATION OF "MINORS" (UNDER AGE 18 AT THE TIME OF EVENT)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Released Parties, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Released Parties from any and all liabilities incident to my minor child's involvement or participation in the event provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Child's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____ ID No. _____