



KABARAK UNIVERSITY HALF MARATHON

REGISTRATION DATES
**10TH MARCH 2019 –
21ST SEPTEMBER 2019**



The Kabarak University
Half Marathon

COMMUNITY REGISTRATION

INSTITUTION DETAILS

Name of Institution: _____

Address: _____

Office No.: _____

Mobile No.: _____

Email: _____

TEAM DETAILS

Team Name: _____

Team Captain Name: _____

NOTE: By signing below I have agreed to the terms and conditions stated in the disclaimer for the event, 2019 Edition of the Kabarak University Half Marathon.

T-SHIRT COLLECTION

Names of Team Members	Chest No.	Size	Date	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TEAM RACE RULES

1. The team event is run 5KM.
2. The entry fee for each team is **Ksh. 12,500** for Community Registration payable through M-Pesa paybill **866388** or Account Number **0040503-005** at Transnational Bank Nakuru Branch.
3. If paying through mpesa then indicate the account as team name.
4. Each team can enter a maximum of 10 runners and a minimum of 5 runners.
5. Results will be based on the first five members of each Community Team to cross the finish line.
6. Each team should nominate a team captain who will liaise with race organizers.
7. Each member of the team **MUST** sign this entry form.
8. No substitutions or transfers can be made on team or individual entry fees and there are **NO** exceptions.
9. A trophy will be awarded to the winning team.
10. All other race rules apply to the team and individual event.
11. If you wish to register and pay online, visit <https://kabarak.ac.ke/halfmarathon/>

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.

NOTE

The Team Captain ensures that all team members have read and understood the declaration above. By signing below, you have fully understood and agreed to the terms and conditions of the declaration above.

Signature _____