WATA	A/Nuttall <i>I</i>	Memorial Hos	pital	٨			
Pre-Mother's Day 5K							
ENTRY FORM							
		🗋 WALK		Receipt No.:			
Last Name		First Name		M.I.			
Date of Birth (Day) (Month)	(Year) Age (Ra	ce Day) Gender (M/F)	Contact Number	-			
Email							
Entry Type 🔲 Individual 🔲 Team Nar	me						
EMERGENCY CONTACT:							
Last Name		First Name					
Contact Number	Relatio	nship					
Indemnity (All Participants must sign this Waiver):							

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 Nuttall Memorial Hospital, Running Events Limited, 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 WATA/Nuttall Memorial Hospital Pre-Mother's Day 5K Road Race whether as spectator, participant, or competitor, entrant or otherwise, notwithstanding that the parties abovementioned 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 releasees to use any photographs, video tapes, motion pictures, recordings, and any other record of this event for any legitimate purpose. Nuttall Memorial Hospital 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 sign the Indemnity.

Signat	ure:	Date:	
~	If you are under the age of 18, you must have a parent or guardian's signature.		
X			

The inaugural **WATA/Nuttall Memorial Hospital Pre-Mother's Day 5K & Health Fair** will be held on Saturday May 11, 2013 on the grounds of the historic Nuttall Memorial Hospital, located at 6 Caledonia Avenue, Kingston 5. The activity-filled day will commence with the 5K Run/Walk at 7:00am followed by the Health Fair at 9:00am, which will feature display booths from health service and other providers along with booths providing free medical check-ups. Proceeds from the 5K Road Race & Health Fair will be used to refurbish and equip the hospital's six-bedroom ward, the Gunter Wing, and the eight-bed Intensive Care Unit.

Registration Guidelines:

- 1. Online registration with credit and debit card payment facility is available at www.runningeventsja.com.
- 2. The entry fee is \$1,000 per person. Entry fees are NOT REFUNDABLE or TRANSFERABLE.
- 3. Complete and sign the Entry Form above and submit along with cash or cheque payment to Nuttall Memorial Hospital (Business Centre), 6 Caledonia Avenue, Kingston 5. Telephone (876) 926-2139. Cheques are to be payable to Nuttall Memorial Hospital.

4. Registration closes Friday, May 3, 2013. THERE IS NO RACE DAY REGISTRATION.

- 5. Race numbers will be distributed from Wednesday to Friday, May 8 10 from 10:00am to 3:00pm at Running Events Limited, 87-89 Tower Street, Kingston. THERE IS NO NUMBER PICK-UP ON RACE DAY.
- Your bib number will be labelled with your name and marked for the event you entered. The bib is to be pinned to the front of your shirt. You must wear the bib number assigned to you. Switching of race events is NOT allowed once race registration is closed.
- 7. Each participant is responsible for knowing and complying with all the official rules and regulations. Failure to comply with the rules of the event will subject you to disqualification.



