Grand Cayman Registration Form

January 26, 2014 | Quarter Marathon Walk Start 7 AM | Half Marathon Timed Race 6 AM Start



Name:		Date of Birth:
Phone HM:	Phone WK:	Phone Cell:
Email Address:		
Mailing Address:		
3		
Stride Against Cancer Registration		
Quarter Marathon Walk 7 AM Start	George Town	☐ North Side
Half Marathon Timed Race 6 AM Start		
Entry Fee Paid	☐ CI\$25.00	US\$31.00
Littly ree raid		
Shirt size: Please indicate the size shirt that you require. Please place 1 in the box for your 1st choice and 2 for your 2nd choice.		
XX Large – T-shirt Only	X-Large – T-shirt Only	Large
_	_	_
Medium	Small	X Small
Children under 12 are not permitted in any portion of the event unless accompanied by an adult.		
Completed entry forms must be received at a designated registration site before participating in the event.		
Please call 949-7618, email jennifer@cics.ky or visit our website at www.cics.ky for more information.		
DISCLAIMER - PLEASE READ The Cayman Islands Cancer Society recommends that participants obtain medical clearance from their physician before participating in the event. As evidenced by my signature below and my participation in this walk/run, I HEREBY AGREE on behalf of myself, any child of mine, and any minor person over whom I have care or guardianship that I have assumed all risks and waived all rights of action or any claims that I or any of the aforementioned persons may have against the Society, its members, Directors, employees and representatives from any and all liability howsoever caused resulting from any damage, claim or cost suffered or incurred by me or any of the aforementioned persons by undertaking this walk/run, including without limitation any injuries, dehydration, fatigue or any other physical discomforts. I hereby acknowledge that I am at least 18 years old and have read and understand the above disclaimer.		
Signature:	Print Name:	Date:
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Prize Draw

Name

(Please circle) Race Entry Y N

Phone:

