

Grand Cayman Registration Form

January 25, 2015 | 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:

Stride Against Cancer Registration

Where will you participate? 7 Mile Beach North Side Little Cayman Cayman Brac
 Quarter Marathon Walk 7 AM Start Half Marathon Timed Race 6 AM Start
 Entry Fee Paid CI\$25.00 US\$31.00

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 _____ Phone: _____
 (Please circle) Race Entry Y N

All proceeds benefit

