Team Name: _____

REGISTRATION FORM

Team Captain :		**Date of Birth:**
Mobile Number:		**Landline:**
Address:		
E-mail Address:		**Shirt size: S M L XL XXL**

Team Member 1		**Date of Birth:**
Mobile Number:		**Landline:**
Address:		
E-mail Address:		**Shirt size: S M L XL XXL**

Team Member 2		**Date of Birth:**
Mobile Number:		**Landline:**
Address:		
E-mail Address:		**Shirt size: S M L XL XXL**

Team's Emergency Contact Name: _____ **Emergency Contact Number:**_____

WAIVER STATEMENT: Entry invalid if not signed. I, the undersigned, assume full and complete responsibility for any injury or accident, which may occur during the participation of my team in the event or while my team is on the premises of the event. I hereby release and hold harmless the sponsors, promoters and all other persons and entities associated with the event. I will not enter and participate unless it is medically safe for me and I am properly trained. I also know that although protection services will be provided, there may be traffic on the course route. I assume all risk associated with this event, including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity and rain, and the conditions of the road, all such risks being known and appreciated by me. I further grant my permission for the organizers to use any photographs, videotape, motion pictures, recordings, or any other record of this event. I have read the forgoing and certify my agreement by this signature.

_____ _____
Name and Signature **Date:**

Entry Fees:

☐ **Cebu Coastal Adventure Race P1,500.00**
☐ **Early Registration: P1,000.00**
*Entry fees are non-refundable but fully transferable

Payment received on: _____
Received by: _____