



MARATHON BAHAMAS

REGISTRATION FORM

HALF MARATHON

January 14, 2024

6:00 am

Start: Arawak Cay

Finish: Western Esplanade

Entry fee is NON-REFUNDABLE and NON-TRANSFERABLE

EVENT	To 5/31	To 8/31	To 11/30	To 1/12	Expo	\$BAH/US
Half	\$70	\$80	\$90	\$100	\$125	_____

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for.

You must wear an official race number and must be able to complete the marathon in 6 hours.

Information

Last Name _____ First Name _____
Mailing Address _____
Citizenship _____ Sex: M F Date of Birth: ____/____/____ (MM/DD/YYYY)
Age on 1/14/2024 _____ (must be 16 for the half) Email Address: _____
T-Shirt Size (Circle One): Women: S M L XL Men: S M L XL Cell Phone Number:() _____

Waiver Required

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility of the risk of any injury or accident, recognizing the potential for serious physical trauma injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Sunshine Insurance, Marathon Bahamas, The Bahamas, and other persons or entities associated with the Marathon, Half Marathon, Relay or 5K Race and each of their respective employees, agents, volunteers, representatives and affiliates, from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non—refundable and non—transferable. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Release have relied on them in allowing me to participate in the event.

I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER. IF THE PARTICIPANT IS UNDER THE AGE OF 18, I, as the parent or guardian for the above named minor give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

Signature of Applicant

Date

Signature of Parent/Legal Guardian (if under 18)

Date