



# LEANDRO G. SINCO



## CHALLENGE RACES

Duathlon Start 5:30 AM & Marathon Start 6:00 AM

July 11, 2010 Robinsons Place

### OFFICIAL ENTRY FORM

RACE NO.

LAST NAME (Fill-up all fields)

FIRST NAME

M.I.

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HOME / OFFICE / EMAIL ADDRESS

CELLPHONE / OFFICE / HOME PHONE



Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male [ ] Female [ ]

#### Entry Fees with Mang Inasal Unlimited Rice & Race Category: (Please check one only)

Ps 200 w/meal **Duathlon (2.1/35/1.4)** [ ] Open [ ] Fun Bike [ ] 35 & above

Ps 50 w/meal **3k Kiddie Fun Run** [ ] CWDs [ ] 9 below [ ] 10 to 12

Ps 75 w/meal **5k Finisher Run/Walk** [ ] 13-16 [ ] Walkers

Ps 75 w/meal **10.5k Quarter Marathon** [ ] 17-30 [ ] 31-45 [ ] 46 & Above

### WAIVER AND QUIT CLAIM

I hereby state that: 1) I have secured a clearance from my physician that I am physically fit to participate in the Leandro G. Sinco Challenge Races, as I indicated above, on July 11, 2010 or on any day & time that said race may be held; 2) I have sufficiently trained for this event, and that I am fit to run, walk and bike the said race; 3) I give my consent for the free use of my name and picture in any broadcast, telecast, press release or other accounts of this event. Being aware of the risk involved and in consideration of the acceptance of my entry and the foregoing premises, I hereby forever discharge, release, waive and quitclaim any and all causes of action, whether civil or criminal against race organizers and sponsors, from any injury, sickness, death, accidents and damages that I may suffer or sustain by reason therewith.

I HAVE READ & UNDERSTAND THIS WAIVER.

\_\_\_\_\_  
Runner's/Walker's/Biker's Signature

\_\_\_\_\_  
Date

NAME & SIGNATURE of Parent/Guardian if participant under 18) \_\_\_\_\_

Received By: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

**PLEASE REGISTER from June 25 to July 10, 2010 at IYSpace Office Hours (422-9167 loc 165)**

**"FU @ 61 The Wellness Generation Apil Tanan"**

**Leandro G. Sinco Challenge Races**

June 11, 2010 Robinsons Place-Dumaguete

Race Number

Received from \_\_\_\_\_ the amount indicated below  
as payment of entry fee for [ ] Duathlon [ ] Marathon \_\_\_\_\_.

\_\_\_\_\_ (Ps \_\_\_\_\_)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Validating Officer

\_\_\_\_\_  
Registration Center