

**IMPORTANT NOTES:**

1. Please answer **ALL** questions
2. Personalised bibs are available until 31 October 2020. Personalised team bibs will have team names only.



**OFFICIAL ENTRY FORM**

**Race Date: Sunday, 6 December 2020 / Start Time: 5:00a.m.**

Please **PRINT CLEARLY** and complete entire form. Four separate entry forms **MUST** be completed for the 4-person relay team members and should be submitted together with the entry fee.

Make checks payable to Kelly Holding Ltd. and mail to: Cayman Islands Marathon, c/o Kelly Holding Ltd., PO Box 2712, Grand Cayman KY1-1111, CAYMAN ISLANDS.

REGISTRATION FEES	Marathon	Half-Marathon	4-Person Relay	CUC High School Challenge
September 1 to October 31	CI\$80/US\$100	CI\$52/US\$65	CI\$168/US\$210	CI\$136/US\$170
November 1 to November 29	CI\$88/US\$110	CI\$56/US\$70	CI\$184/US\$230	CI\$152/US\$190
November 30 to December 5	CI\$96/US\$120	CI\$60/US\$75	CI\$200/US\$250	CI\$168/US\$210

What event are you entering?  Marathon  ½ Marathon  Wheelchair ½ Marathon  4-Person Relay

Relay Team Name: ..... Division:  Corporate  Mixed  All Male  All Female

First Name: ..... M.I.: ..... Last Name: .....

What name would you like on your bib? .....

Gender:  Male  Female Age on Race Day: .....

Birthdate (DD/MM/YY)..... Email: .....

District:..... Mobile Phone: .....

Emergency Contact Name: ..... Phone: .....

Tech Shirt (please note they are in male sizes)?  XS  S  M  L  XL  2XL

EXPECTED FINISH TIME: .....

How did you hear about the Intertrust Cayman Islands Marathon? .....

**Waiver of Liability:** In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes of suit or action, known or unknown, that I may have against the Intertrust Cayman Islands Marathon, Kelly Holding Ltd., the Cayman Islands Athletics Association, Ministry of Education, Portfolio of Internal & External Affairs, the Department of Tourism and all other political entities, all independent contractors and construction firms working on or near the course, all Cayman Islands Marathon Committee persons, officials and volunteers and all sponsors of the Marathon and the related Marathon events and their officers, directors, employees, agents and representatives, successors and assigns, for any and all injuries suffered by me in this event. I attest that I am physically fit, am aware of the dangers and precautions that must be taken when running in warm conditions and have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to the Intertrust Cayman Islands Marathon and/or agents authorized by them, to post my race results, to use any photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purpose at any time. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to any of the following reasons, among others, including weather conditions, natural disasters, or threats to local and/or national security including suspected terrorist activity.

**I HAVE READ THE ABOVE WAIVER CAREFULLY AND UNDERSTAND IT.**

Signature ..... Date .....