FIT4life Company Ltd. *presents* **FIRST Annual** *to benefit* The Longevity Project saving our lives℠

Independence Day HALF-Marathon

Saturday, 6 March 2010 • Sunyani

To enter, complete this form and return with payment to *FIT4life Co. Ltd* offices on So. Liberia Rd., near the Kojo Thompson intersection, next to Coral Paints car park in Tudu, Accra.

Call for more info: **021 660 488; 027 745 3902; 026 434-8637**~ info@fit4lifeghana.com

FEES*: B/f 28 Feb: $50 [Gh¢15 for resident Ghanaians] • By 5 Mar: $60 [Gh¢20 for resident Ghanaians]

**Subsidized rates are intended only for Ghanaian citizens residing in Ghana and who otherwise cannot afford the regular fees.*

NO RACE DAY REGISTRATION! T-shirts not guaranteed for registrations received after 20 Feb.

Gender: Female [ ] Male [ ] Date of Birth |_d_|_d_|-|_m_|_m_|-|_y_|_y_| Age on 6 Mar '10|__|__|

Last Name: _____

First Name: _____

Address: _____

_____

Phone(s): _____

E-mail: _____

Profession: _____

Emergency Contact: _____

Office use only

❒ _____

❒ _____

❒ _____

❒ _____

Check shirt size:

S [ ] M [ ] L [ ] XL [ ]

FEE: $/Gh¢ _____

Waiver (signature required): ALL PARTICIPANTS IN THIS EVENT ("Event") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT. I, the undersigned participant, on behalf of myself and on behalf of my personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waive, discharge and covenant not to sue Fit4Life Co. Ltd., its affiliated corporations and charities, the host city(ies), regions and country, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to me or my personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to me, my property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Event. I agree to the use of my name and/or photograph in broadcasts, newspapers, brochures and other media without compensation. I agree that the entry fee paid is not refundable and not transferable under any circumstances. I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the Event. I am aware that this event is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby accept any and all risks of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event. I have carefully read this agreement and understand its contents. I'm aware that this is a release of liability and a contract between myself and the Releasees and sign it of my own free will. I warrant that all statements made herein are true and correct and understand that Releasees have relied on them in allowing me to participate in the Event.

_____ _____ _____

Signature of Participant | Date | Signature of Parent/Guardian if under 18 years

IF PARTICIPANT IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. I certify that I am the parent or guardian of participant, and my signature above certifies that my daughter/ son/ ward has my permission to participate in the Event. I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agree to its terms and conditions. I further certify that my daughter/son/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for her/him and grant access to my child's/ward's medical records as necessary and as stated above.