Pharmaceutical Society of Jamaica

5K WALK/RUN

Sunday November 25, 2018 @6am

Venue: PSJ Office - 41 Lady Musgrave Rd

(Parking: Guardian Life Building Parking Lot)

Individual ☐ Run ☐ Walk

Last Name _____ First Name _____ M.I. ____

D.O.B ____ Age ____ Gender ____ Contact _____

Day *Month Year* *M F*

Email _____

Emergency Contact

Last Name _____ First Name _____

Contact: _____ Relationship _____

Indemnity (All Participants must sign this Waiver)

In consideration for me being permitted to participate as an entrant or competitor in this race, I, my heirs, executors and administrators hereby release, waive and keep indemnified The Pharmaceutical Society of Jamaica, associations, companies, sponsors, participants, competitors, entrants, and all of their respective agents and servants from and against all actions, claims, costs, expenses, demands in respect of death, injury, loss or damage to my person or property howsoever caused by arising out of my permission to attend at, or in any way participate during or subsequent to the said Pharmaceutical Society of Jamaica 5K Walk/Run whether as spectator, participant, or competitor, entrant or otherwise, notwithstanding that the parties above-mentioned, their servants and/or agents may have contributed to the aforesaid injury, death or loss. Further, the participant grants full permission to any or all of the releases to use any photographs, video tapes, motion pictures, recordings, and any other record of this event for any legitimate purpose. The Pharmaceutical Society of Jamaica retains the property in all photographs, video and audio material arising from the event and reserves the right to use all such images and sound as it sees fit for legitimate purposes without the participant's consent. If the participant is younger than 18 years old, the parent or guardian should accept the Indemnity.

Signature: _____ **Date:** _____

(If you are under the age of 18, you must have a parent/ guardian's signature.)

Name of Guardian: _____ **Referred by**_____

The Pharmaceutical Society will be raising funds for children living with Kidney Diseases and raise awareness.

Registration Guidelines

1. Individuals can register with either credit or debit cards at **PSJ secretariat 41 Lady Musgrave Road, Kingston 5**.
2. A donation of **J$1400** is requested per individual (*Entries are NOT REFUNDABLE or TRANFERABLE*.)
3. Complete and sign the Entry Form above and submit along with cash or cheque payment at the PSJ secretariat 41 Lady Musgrave Road, Kingston 5 or ***Deposit to PSJ`s SAGICOR account # 0501310006299.*** (***Proof of payment may be faxed to PSJ)***
4. Registration closes Saturday November 25th or upon achieving the event limit, whichever comes first. (**NO RACE DAY REGISTRATION**.)
5. Race numbers can be collected between **Thursday November 22nd and Saturday November 24th from 9:00am to 4:00pm** at the PSJ secretariat 41 Lady Musgrave Road, Kingston 5. **THERE IS NO NUMBER PICK-UP ON RACE DAY**.
6. Your race number (bib) will be labelled with your name and marked for the event you entered. The bib has a timing chip and is to be pinned to the front of your shirt. You must wear the bib number assigned to you.
7. Switching of race events is NOT allowed once race registration is closed.

RACE INFORMATION: [PSJ] Tel: (876) 978-4103 • **Email:** psja@cwjamaica.com • **Website:** www.pharmasocietyjamaica.com