

Registration form 2017

First name⇒名 _____

Last name⇒姓 _____

Gender (Male or Female)⇒性別 Male Female

Birthday (1980/SEP/25)⇒生年月日 _____

Age on race day⇒レース当日の満年齢 _____

Address⇒住所 _____

Citizenship⇒国籍 _____

Phone number (Home and cell)⇒電話番号 _____

Email address⇒Eメールアドレス _____

Marathon (Full or Half)⇒参加種目 Full Half

T-shirt size (XS/S/M/L/XL)⇒Tシャツ
サイズ _____

Is this your first marathon?⇒初のマラソン
ですか? Yes No

Number of Vancouver Marathons:⇒バン
クーバーマラソン出場回数 _____ times

This year estimated time:⇒今大会の目
標タイム _____ hours

Medical conditions:
Please fill in the YES or NO.

List all active and chronic conditions:
現在治療中、または持病がありますか?
YESの方は下記に記載してください。 Yes No

List name and dosage: 服用している薬は
ありますか? あればその名前、摂取量を
下記に記載してください。 Yes No

List cause and type of reaction: アレル
ギーはありますか? あればそのアレル
ギー名と、その反応を下記に記載してくだ
さい。
(たとえばピーナッツアレルギーあり、呼吸
困難とか、ピーナッツアレルギーあり、蕁
麻疹とか、同じものが原因でも反応の度
合が違うので、その質問です) Yes No

List drugs and type of reaction: 薬に対
するアレルギーはありますか? あればそ
の薬と、反応を下記に記載してください。 Yes No

Do you speak and understand English?:
英語を話し、理解することが出来ますか? Yes No

RELEASE AND WAIVER OF LIABILITY

IMPORTANT: THIS IS A LEGAL COMMITMENT; READ IN FULL AND UNDERSTAND BEFORE AGREEING TO, AND ACCEPTING, THE TERMS HEREUNDER

In order to participate in the BMO Vancouver Marathon, you must accept and agree to the terms contained herein, which is a Release and Waiver of Liability ("Release") in favour of the Vancouver International Marathon Society ("VIMS"), its directors and employees, the City of Vancouver, the Province of British Columbia, race volunteers, sponsors (including Bank of Montreal), and each and every affiliate, agent and representative of the foregoing (collectively, all such parties are the "Released Parties") and by doing so, in consideration of you being accepted to participate in the BMO Vancouver Marathon and for other good and valuable consideration (the sufficiency of which is hereby acknowledged), you agree as follows:

ASSUMPTION OF RISK: I recognize and understand the risks associated with participating in the BMO Vancouver Marathon, Half Marathon, Friendship Run or any other marathon event (collectively, "Events") may include risks that could be hazardous to me, and may put me at risk of serious injury or illness, including death. I acknowledge that these risks and dangers may arise from any number of circumstances, including those caused by terrain, weather conditions, equipment, facilities, vehicular traffic, other participants in the Events, failures to follow safety procedures, diagnosed or undiagnosed health conditions, and actions of other people. I acknowledge that participating in any of the Events requires proper physical training and I further acknowledge that I am solely responsible for ensuring that I am physically capable of participating in the Events. I hereby expressly and specifically assume the risk of injury or harm in the Events. I further confirm and agree that this Release will apply to all Events in which I participate.

WAIVER AND RELEASE: To the fullest extent permitted by law, I hereby forever release, waive, covenant not to sue, exonerate, discharge and agree to hold harmless the Released Parties from any and all liability, claims, demands, and causes of action whatsoever that I may have against the Released Parties with respect to any injury, illness, death, property damage or other loss that may result, directly or indirectly, from my participation in any of the Events. I specifically understand and agree that this Release forever discharges the Released Parties from any liability or claim that I may have against the Released Parties with respect to any injury, illness, death, property damage or other loss that may result from the Events, whether caused by the negligence of the Released Parties or otherwise. I further understand and confirm that the Released Parties do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death, property damage or other loss.

MEDICAL TREATMENT: If I am unable to consent at the time due to injury or illness, I hereby consent to the administration of first aid and other emergency medical treatment for such injury or illness that occurs during any of my participation in the Events. Further, I hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered as contemplated hereunder.

OTHER: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Province of British Columbia and that this Release shall be governed by and interpreted in accordance with the laws of the Province of British Columbia and the laws of Canada applicable therein. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invaliding of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I further agree that this Release shall bind my assigns, heirs, administrators and executors forever. I agree that all photographs, video or any images taken by employees, directors, representatives or agents or the VIMS are the property of the VIMS and may be used without the permission of the photographed person.

WAIVER SIGNATURE⇒署名

DATE⇒日付