

Signature

□ 全程馬拉松

YunNan * PuZheHei Marathon 2015第二届普者黑国际马拉松

Marathon	□ 全程馬拉松 Full Marathon	半程馬拉松 Half Marathon	□ 10公里 10km Run	□ 5公里 5km Rur	1
生 .ast Name		名 ———— First Name —		男 Male	□ 女 Female
出生年月日 Date of Birth	年 Year	月 日 Month Date	国家/地区 Nationality/Region		
参赛最好成绩(仅全程项目 Best Result (marathon event or	1) nly)	时 分 — Hours ———— Minutes	成绩证书获取方式(仅全 Certificate for Achievement (Only for M	、半程) 网	上下载 邮寄 vnload Online Mail
见居住地址 etailed Present Home Address	S L		邮寄地址 AdressforMail		
份证号码/护照号码 Number/Passport Number					
机号 obile No.		固定፣ Tel.			
作单位 Irrent Employer			单位电话 Business Phone	Number	
	企业 nment-owned Corporation				其他 thers
『衫尺寸 □ 小码 irt Size □ 小码	中码 Medium	 大码 加大码 特別 Large XL XXI	大码		
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比赛当天发生紧急愉			体检记录		
Emergency Contact Pers 性名 Name	son on Race Day	病史 Medical History	Physical Examination Not		
与参赛者关系 Relationship					
手机号 Mobile No.				血压 Blood Pressure ——	
固定电话 Tel.		心率 Heart Rate		موسال د موسال	
联系地址 Address		// //	主检医 Signed b	则即 by doctor	
Address		体检医院(章) Signed by hospital		年	fonth Date
			*17		
		参赛声! STATEMEN			
本人全面理解并同意遵守普者 本人知悉参加此项比赛对健康	黑国际马拉松组委会 (以下管 状况有特殊要求以及存在的 精神健康状况符合参加比赛	目关活动(以下简称"比赛"),并将如写 育称"组委会")制订的各项规程、规则 不安全因素,同时对参赛可能存在的各 的各项要求。本人愿意承担自身的意外/ 指挥。	、规定、要求及采取的措施。 中风险和意外已作出审慎的评估。为参	加比赛已做好充分训练和	
本人同意接受组委会在比赛期 本人授权组委会及指定媒体无 本人愿意接收组委会赞助商发 本人已经阅读并知晓 2015 第二 本人同意通过组委会官方网站	间提供的现场急救性质的医 偿使用本人的姓名、肖像、 布的相关信息。 届普者黑国际马拉松赛相关仍 自助打印或邮寄的形式获取	务治疗,但在医院救治等发生的相关费 声音和其它个人资料用于比赛的组织和 录险内容及保险条款。	作广。		
I completely understand and a bide all the "m acknowledged the special requirement the hospital of grade above. I confirm the I will take any responsibilities of the accided I guarantee to follow the orders of race of I agree to take the first aid medical treating authorize OC to gratuitously use my name I with the I will be the second to the second I agree to take the first aid medical treating I authorize OC to gratuitously use my name I will be second to the second I will be second to the second I will be se	ne regulations, rules, requirements to ents and potential risk to my health at my health and mental condition a dent that might occur due to my health director and staff and the instruction ment during the race, and I will pay me, portrait, voice and other persor	rathon and all the related events. (here after called by Yunnan PuZheHei International Marathon Organi condition of the race, I have evaluated all the risks a are qualified for any standards of the race. allth condition and have no claim on the OC to ay low s. for any other cost for medical care in the hospital a nal information for purpose of the race organization	zing Committee (here after called OC) and accidents that might occur during the race. I asses and responsibility a rising there after. after the race.		,
I agree to acquire the certificate of achie	clause of 2015 Yunnan PuZheHei evement for full/half marathon, 10K	International Marathon have been completely read and 5K by printing from official website myself or b from y legal representative, and I/my legal represe	y mail sent form OC.	ant legal liability.	
:人签名			日期		