



SHANGRI-LA Marathon

The Lost Horizon

<input type="checkbox"/> 马拉松 Marathon	<input type="checkbox"/> 半程马拉松 Half Marathon	<input type="checkbox"/> 50 公里 50 km Run	<input type="checkbox"/> 100 公里 100 km Run
姓 Last Name	名 First Name		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生年月日 Date of Birth	年 Year	月 Month	日 Date
国家/地区 Nationality/Region			
参赛最好成绩（仅全程项目） Best Result (marathon event only)		时 Hours	分 Minutes
成绩证书获取方式（仅全、半程） Certificate for Achievement (Only for Marathon & Half)		<input type="checkbox"/> 网上下载 Download Online	<input type="checkbox"/> 邮寄 Mail
现居住地址 Detailed Present Home Address		邮寄地址 Address for Mail	
身份证号码/护照号码 ID Number/Passport Number			
手机号 Mobile No.		固定电话 Tel.	
工作单位 Current Employer		单位电话 Business Phone Number	
单位性质 Nature of Business	<input type="checkbox"/> 国有企业 Government-owned Corporation	<input type="checkbox"/> 合资企业 Joint Venture	<input type="checkbox"/> 外资企业 Foreign-owned Enterprise
	<input type="checkbox"/> 私营企业 Private Company	<input type="checkbox"/> 其他 Others	
恤衫尺寸 Shirt Size	<input type="checkbox"/> 小码 Small	<input type="checkbox"/> 中码 Medium	<input type="checkbox"/> 大码 Large
	<input type="checkbox"/> 加大码 XL	<input type="checkbox"/> 特大码 XXL	

比赛当天发生紧急情况时联系人 Emergency Contact Person on Race Day	
姓名 Name	
与参赛者关系 Relationship	
手机号 Mobile No.	
固定电话 Tel.	
联系地址 Address	

体检记录 Physical Examination Notes	
病史 Medical History	
心肺功能 Cardio-Pulmonary Function	血压 Blood Pressure
心率 Heart Rate	其他 Other
主检医师 Signed by doctor	
体检医院（章） Signed by hospital	年 Year
	月 Month
	日 Date

参赛声明 STATEMENT

- 本人自愿报名参加 2015 香格里拉国际超级马拉松赛及一切相关活动（以下简称“比赛”），并将如实填写报名相关信息，对所填写内容的真实有效性负责。
 - 本人全面理解并同意遵守香格里拉国际超级马拉松组委会（以下简称“组委会”）制订的各项规程、规则、规定、要求及采取的措施。
 - 本人知悉参加此项比赛对健康状况有特殊要求以及存在的不安全因素，同时对参赛可能存在的各种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准备并经国家认证的医疗机构体检，确认自身身体和精神健康状况符合参加比赛的各项要求。本人愿意承担自身的意外风险责任，并确认不会就活动中发生或引发的自身意外、死亡或任何形式的损失向组委会提出赔偿或追究责任。
 - 本人保证在比赛过程中服从裁判和赛事工作人员的管理和指挥。
 - 本人同意接受组委会在比赛期间提供的现场急救性质的医务治疗，但在医院救治等发生的相关费用由本人自理。
 - 本人授权组委会及指定媒体无偿使用本人的姓名、肖像、声音和其它个人资料用于比赛的组织和推广。
 - 本人愿意接收组委会赞助商发布的相关信息。
 - 本人已经阅读并知晓 2015 香格里拉国际超级马拉松赛相关保险内容及保险条款。
 - 本人同意通过组委会官方网站自助打印或邮寄的形式获取成绩证书。
 - 本人或法定代理人已认真阅读并全面理解以上内容，且对上述所有内容予以确认并承担相应的法律责任。
- It is my own will to register for the 2015 Shangri-la International Marathon and all the related events, (here after called "the race") and I have provided the information truthfully, is hall take all responsibilities for any false information. I completely understand and abide all the regulations, rules, requirements by Shangri-la International Marathon Organizing Committee (here after called OC)
 - I'm acknowledged the special requirements and potential risk to my health condition of the race, I have evaluated all the risks and accidents that might occur during the race. I have fully prepared for the race and gone through physical check-up by the hospital of grade above. I confirm that my health and mental condition are qualified for any standards of the race.
 - I will take any responsibilities of the accident that might occur due to my health condition and have no claim on the OC to any losses and responsibility arising there after.
 - I guarantee to follow the orders of race director and staff and the instructions.
 - I agree to take the first aid medical treatment during the race, and I will pay for any other cost for medical care in the hospital after the race.
 - I authorize OC to gratuitously use my name, portrait, voice and other personal information for purpose of the race organization and promotion.
 - I'm willing to receive all the relative information sent from OC sponsors
 - The insurance instruction and insurance clause of 2015 Shangri-la International Marathon have been completely read and understood.
 - I agree to acquire the certificate of achievement for race record by printing from official website myself or by mail sent form OC.
 - Information above has been read attentively and understood fully by myself or my legal representative, and I/my legal representative confirm all the information and take relevant legal liability.

本人签名
Signature

日期
Date