9th Auroville Marathon

February 14, 2016

# General Instruction

* Participants must be above 18 years to participate in the full and half marathon categories.
* Registration closes on December 27, 2015. Only forms received during this time

period will be considered for the event.

* The organisers reserve the right to reject any application without providing reasons. Any amount collected from rejected applications alone will be refunded in full.
* Registrations are not transferable.
* No funds of the registration amount will be returned in case a runner chooses to cancel his/her paid registration.
* Participants must personally appear for collecting the running bibs with a valid photo

ID. Bibs can be collected in-absentee for a friend with his/her signed written consent and a copy of a valid photo ID of the registered runner for whom the bib is picked up.

# If cheques/drafts/Cash are not received within 5 days from the date of

**registration, the application stands automatically cancelled.**

**Payment Information**

# Please Tick and add to the TOTAL Please Tick the size of T- Shirt if opted

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Registration Charges (Waived for Aurovilians, people residing in villages around Auroville and Ashramites | | | | | Rs.650 |
| 2 | Pasta Dinner (Only limited places ) | | | | | Rs.300 |
| 3 | Race Day Transportation Charges | | | | | Rs.200 |
| 4 | T-Shirt | | | | | Rs.200 |
| 5 | Donate a T-Shirt | | | | | Rs.200 |
| **6** | **TOTAL** | | | | |  |
| 7 | T-Shirt Size | XXL | XL | L | M | S |

All cheques / Drafts must be in favour of “**Auroville Maintenance**” and must be posted to:

# Auroville Marathon

SaraCon Campus, Kottakarai Irumbai Post,

Auroville – 605111 Tamil Nadu

# Cash to reach the above address within 5 days from the date of registration

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | |
| **First Name** |  | | | | | |
| **Last Name** |  | | | | | |
| **Date of Birth** |  | **Sex (tick)** | | M F | | |
| **Category (tick)** | 1. Aurovilian 2.Villages around Auroville 3.Ashramite 4.Others | | | | | |
| ***Aurovilian*** – People permanently residing in Auroville. Also includes Newcomers BUT not Guests. ***Villages Near Auroville*** – People residing in Edayanchavadi, Kuilapalayam, Alankuppam, Sanjeevi Nagar and Kottakarai ONLY.  ***Ashramite*** – People residing permanently in Sri Aurobindo Ashram, Pondicherry | | | | | | |
| **Address** |  | | | | | |
| **City/Town/Villae** |  | | | | | |
| **Country** |  | **Pincode** | |  | | |
| **Contact Number** |  | **E-mail** | |  | | |
| **Emergency Information** | | | | | | |
| **Contact Name** |  | | | | | |
| **Relationship** |  | | | | | |
| **Contact Number** |  | | | | | |
| **Event Information** (Tick the one you wish to run and Cross the others) | | | | | | |
| **Run Event (tick)** | **1.** The Marathon (42.195Km) **2.** Half Marathon (21.1Km) **3.**10K | | | | | |
| **Training Information** | | | | | | |
| **Maximum Distance Run** |  | | | | | |
| **Venue/Event** |  | | | | **Year** |  |
| **Medical Information** | | | | | | |
| **Blood Group** |  | | | | | |
| **HB Count** |  | | | | | |
| **Do you have any Chronic Illness?**  *If yes, please specify* | | |  | | | |
| **Do you suffer from High Blood Pressure (BP)?**  *If yes, please specify* | | |  | | | |
| **Do you suffer from any heart-related ailments?**  *If yes, please specify* | | |  | | | |
| **Do you suffer from any ailments affecting your blood circulation?** *If yes, please specify* | | |  | | | |
| **Do you suffer from any ailments affecting you breathing?** *If yes, please specify* | | |  | | | |
| **Did you undergo any medical treatment for high blood pressure or for any heart conditions or breathing problems?** *If yes, please specify* | | |  | | | |
| **Did you have any fainting episodes in past?**  *If yes, please specify* | | |  | | | |
| **Any known allergies?** *If yes, please specify* | | |  | | | |
| **Disclaimer** | | | | | | |
| *I understand that running a 10K/half/full marathon is an extreme sport and can be injurious to body and health. I take full responsibility for participating in the race and do not hold organizers responsible for any injury or accident. I have filled in above questionnaire on my medical condition as requested by Auroville physicians to assist them in case of an emergency.* | | | | | | |

Date: Signature

Place: