



CityU Delegation - Standard Chartered Hong Kong Marathon 2019

ENROLLMENT FORM

TO : Organizing Committee for the CityU Delegation (SCHKM 2019)
 c/o Physical Education Section
 Student Development Services
 City University of Hong Kong

Fax No. : 3442 0315
 Tel : 3442 8027 / 3442 5255
 Email : sope@cityu.edu.hk

Notes to Participants

- All staff & families, students and alumni are eligible for the enrollment.
- A maximum of **1,300** members are to be recruited for the *CityU Delegation –Standard Chartered Hong Kong Marathon 2019*, enrollment is based on a first-come-first-served basis.
- Interested parties shall return the followings to the Physical Education Section at Unit B, 6/F, Block 1, To Yuen Building, CityU by fax or email on or before **31 October 2018**:
 - completed Enrollment Form
 - completed Indemnity Form a copy of confirmed Registration Record for the Standard Chartered Hong Kong Marathon 2019

Personal Particulars

Staff Staff Dependant Student Alumni Alumni Dependant -
 Husband/Wife/Son/Daughter*
*(Please circle the appropriate item)**

Name : _____ (English) _____ (Chinese) M F

Contact No. : _____ CityU ID: _____ HKID No.: _____

Date of Birth : _____ (mm/dd/yy) Department : _____ Email: _____

The above information will only be used for the purpose of enrollment and will be kept confidential

Race Information

10KM Challenge 10KM Run 1 10KM Run 2 10KM Run 3 10KM Run 4 10KM Run 5

Half Marathon Challenge Half Marathon Run 1 Half Marathon Run 2

Marathon Challenge Marathon Run 1 Marathon Run 2 3KM Wheelchair Race 10KM Wheelchair Race

Standard Chartered Registration ID. (after payment): _____

CityU Delegation Uniform

Option*: Running Vest (male) Running Vest (female) T-Shirt **please tick either one*

Size: XXS XS S M L XL XXL

Signature

Date

✂ ✂

(Official Use Only)

Enrollment Form Received on : _____ (Date + Time) By : _____

Enrollment Order : _____ Remarks : _____

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INDEMNITY FORM

Due to the inherent risk involved in any form of physical activity, especially in the vigorous running race, please complete the following release form:

I _____ of Staff/Student/HKID No. _____ willingly participate in the “Standard Chartered Hong Kong Marathon 2019” at my own risk. I have no physical restrictions, disabilities or any disposition to sickness that may aggravate or may adversely affect me as a result of my participation. I take full responsibility for any injury, loss or damage to my person and/or property that may arise directly or indirectly from my participation in this event. I will not seek to penalize, prosecute or claim compensation from the organizer, sponsors, presenters or participants of the “*CityU Delegation - Standard Chartered Hong Kong Marathon 2019*” for any injury, loss or damage.

責任證明書

本人 _____ 職員/學生/身份證號碼 _____ 自願參加「渣打香港馬拉松 2019」。本人無身體殘缺、體能障礙、亦無疾病足以影響自己參與是次活動。對活動中不幸造成的意外、傷亡及財物損失，願意自行承擔全部責任，將不會向「渣打香港馬拉松 2019 城大團隊」之主辦單位、贊助團體、代理人及參加者就上述事項索取賠償、指控及責任上之追討。

Signature 簽名 : _____ Date 日期 : _____

Emergency Contact

Name of Contact Person: _____ Relationship: _____

Tel. No.: _____ (mobile) _____ (home)