

“20 miles to 10,000 smile” Charity Race in conjunction with FLIPFLOPS Beach Carnival 2011

Entry Form B (Corporate Category)

Date : 17th April 2011 (Sunday)
 Time : 06.30AM – 07.30AM Registration, 08.30AM Race Start
 Venue : Damai Puri Resort and Spa
 Entry Fee : RM1000 for solo or relay (Corporate Category)
 (* 60% of fee collection will be donated to Pertubuhan Ibubapa Kanak-Kanak Keperluan Istimewa - PIBAKAT)

CODE CATEGORY	AGE GROUP	STARTING TIME	DISTANCE	TICK (√)
<i>Corporate Registration (open to men & women)</i>				
B	Solo/Relay	16 years and above	8.00am	30KM

COMPANY / ORGANIZATION NAME				
Participant 1				
FULL NAME				
NATIONALITY		DATE OF BIRTH		
TELEPHONE NO		E-MAIL ADDRESS		
I/C NO. or PASSPORT		SEX (CIRCLE)	MALE	FEMALE
Participant 2				
FULL NAME				
NATIONALITY		DATE OF BIRTH		
TELEPHONE NO		E-MAIL ADDRESS		
I/C NO. or PASSPORT		SEX (CIRCLE)	MALE	FEMALE

* Please take note that each participant is entitled to a TOTAL of 4 FLIPFLOPS Beach Carnival Day Entrance Passes.

WAIVER CLAUSE

This is to certify that I / we, _____, I/C / Passport No. _____ and _____, I/C / Passport No. _____ have read and understood the rules and regulations pertaining to our participation in the “20 miles to 10,000 smiles” Charity Race [hereinafter referred to as ‘The Event’] organized by Events Horizon. In consideration of the acceptance of my /our entry for The Event, I / we and / or our heirs, executors & administrators, release and forever discharge Events Horizon, their partners, sponsors, their appointed staff, agents and / or officials of all liabilities, claims, actions, damages, costs and /or expenses which I / we may have against them arising out of and / or in any way connected with my /our participation in The Event, including travel to and from The Event and including all injuries that may be suffered by me/us before, during and after The Event. I /We understand that this indemnity includes any claims based on negligence, omission, action or inaction of any of the above parties. I / We recognize the difficulties of The Event and attest that I /we are sufficiently physically fit to compete safely in The Event and that I /we have not been advised otherwise by a registered qualified medical professional.

Signature of Participant #1: _____ Signature of Participant #2: _____ Date: _____

Signature of Company’s person in charge / representative: _____ Company’s Stamp: _____

Organized by:

Supported by:

Beneficiary:

Sponsors:

Official Media:



Shuan Hiang Economy
Supermarket & Creative
Hamper Supplies Network