

2nd Annual
Tsuismomomo Love your heart with fitness

A
Fit4life
Production

5K Fun Run/Walk & Fitness Festival
 Free Health Screening for you and your loved ones.



Date: Saturday, 14 Feb 2015 ■ **Race Start Time: 7:30am**
Venue: Darkuman (Quarters Park), Accra ■ **Post-event Party: 7pm – 11pm**
Fee: Cedi equivalent* of \$35 (15% discount if paid registration is received by 31 Jan 2015)
 Registration benefits: Entry to race and all fitness activities & lessons, T-shirt, finisher’s medal for 5K finishers, refreshments, raffle entry, music, entertainment, and post-event party. **All items available while supplies last!**

A: Register online using your credit card at <http://www.active.com/accra-00000/running/distance-running/tsuismomomo-2015>
 or
 B: **1** make payment* at any Tigo Cash outlet to phone number 027 780 2378. **2** Complete this form online with your Tigo Cash confirmation number. **3** Use the submit button to submit the completed form to info@fit4lifeghana.com

*Those living in Ghana should pay in Cedis at the exchange rate in effect at time of payment as indicated at www.fx-rate.net/usd/ghs.

For more info call: **027 780 2378 or 026 243 8348** ■ info@aimghana.com ■ www.fit4lifeghana.com

Gender: Female Male Date of Birth: _____ (d/m/yy) Age on 14 Feb 2015: _____

Last Name: _____
First Name: _____
Address: _____ _____
Phone(s): _____
E-mail: _____
Profession: _____
Emergency Contact: _____

Check shirt size:
 XS [] S [] M [] L [] XL []

TIGO CASH PAYMENT
GH¢: _____
Confirmation no. _____

<i>Office use only</i>
<input type="checkbox"/> _____
<input type="checkbox"/> _____
FEE: _____

Waiver: ALL PARTICIPANTS IN THIS EVENT (“Event”) ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL risk of participation in the event by signing this general release agreement. I, the undersigned participant, on behalf of myself and on behalf of my personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waive, discharge and covenant not to sue Fit4Life Ltd., its affiliated corporations and charities, the host city(ies), regions and country, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns (collectively “Releasees”), from all liability to me or my personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to me, my property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Event. I agree to the use of my name and/or photograph in broadcasts, newspapers, brochures and other media without compensation. I agree that the entry fee paid is not refundable and not transferable under any circumstances. I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the Event. I am aware that this event is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby accept any and all risks of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event. I have carefully read this agreement and understand its contents. I’m aware that this is a release of liability and a contract between myself and the Releasees and sign it of my own free will. I warrant that all statements made herein are true and correct and understand that Releasees have relied on them in allowing me to participate in the Event.

Signature of Participant / Parent or Guardian of a Participant under 18 years _____ Date (d/m/yy) _____

Parent or guardian of participant under 18 must sign this release and waiver agreement. I certify that I am the parent or guardian of participant, and my signature above certifies that my daughter/son/ward has my permission to participate in the Event. I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agree to its terms and conditions. I further certify that my daughter/son/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for her/him and grant access to my child’s/ward’s medical records as necessary and as stated above.