II APPLICATION FORM Note: No Goodie bags will be given.



Designation:

Student,

Sportsperson,

Unemployed

* Affix your recent color photograph with your face clearly visible

Size:

(1.2 inch x 1.2 inch)

Please fill up the form in CAPITAL letters only

CHECK LIST: HAVE YOU....

Occupation: (tick \(\sqrt{any one} \)

Self-Employed,

Business,

Fully read the information in the overleaf of this Application Form? || Chosen your race category (any one)? || Affixed your recent passport sized photograph? || Attached a copy of your Govt. issued photo ID proof || Attached a copy of your employee ID card/appointment letter and company/firm's PAN card along with the covering letter, if applying for the DHL Corporate Champions as may be applicable || Attached a photocopy of your latest timing certificate, if applicable? || Filled all mandatory fields (marked '*')? | | Included the correct application fee? | | Signed the Waiver? | |

*RACE CAT	EGORY (ti	ck Vany o	one)								Ĺ		
(Important:	hon (21.097 Half Marath es, a partic ive will NOT	on confirm cipant can	send his	/her authori	ised repres	entative t	o collect r	unning n	umber	bib on	his/her		
(A DHL Corpo	rate Champ rate Champio tment as per t	ns team nee	ds to submit	t a covering le	tter issued by			(Individue	al forms	to be fil	led for ead	ch team mem	nber)
* If applying	for Half Mara	thon / DHI	L Corporate	e Champions	s race categ	ory, kindly	confirm yo	ur t-shirt	size, siz	es once	confirme	d cannot be	changed.
Men	s,) M, 🗌	L, XI	L, XXL	(tick)	any one)	Wor	nen:) xs, (s, (М, [L,	XL
Men T-Shirt Siz Chest (inch		M 36 – 38	L 38 – 40	XL 40 – 42	XXL 42 – 44	20	Women -Shirt Size hest (inch.)	XS 31 – 33		s - 35.5	M 36 – 38	J. 38.5 - 40.5	XL 41 – 43
,	the chart size)			J					
distribution w		o availabilit			nior Citizen	The state of the s		es are bem	g cupto			with Disabili	KATALOTTE SA
*APPLICAT	ION TYPE	- Indi	ividual Ent	ry / Gr	oup Entry	Group N	ame				(Group Size	
		Type of G	roun:	Corporate,	NGO,	Oth	ore:						
(Applications	under Group			, .	0		N. S.	ampions v	vith Dis	ability re	ace categ	ories)	
II CONFIRMA			STATE OF THE STATE	•								(a., ca 4)	
performance (2) Women's Qu (3) General Cate are accepted	uota egory Where			her of the ab	oove 2 crite	ria, your a	oplication w	vill be put	in gene	eral cate	gory whe	re limited ap	oplications
PERSONAL	INFORMA	TION											
Endurunz Cl member of			_					_		d club n	nembers	, if you are	not a
Are you a pa	art of a Run	Club?	Yes	No I	f Yes, whic	h club:							
*First Name _							*Last N	ame					
* Address													
* City/Town				* State				*	Pin C	ode _			
* Nationality				*	Country _				_	* Gend	er:	Male /	Female
* Date of Birtl	n:/	/ (d	d/mm/yy) Age as o	on 28.11.2	015:	_ * Tel. N	Number:					
Email-Address												No. / Mobile N	o.)
The state of the s													
(Post close of reg	gistrations, in	ndividual aj	pplicant is	required to g	go online or				and ch	neck his/	her appli	cation status	. Applicant
will receive even	t related info	rmation o	n the emai	l id mentione	ed above).								

Name of organisation:

Govt. Employee,

Retired,

Housewife,

Salaried,

Where did you see or hear a			e, Outdoor Hoa	rding. Re	eferred by a friend,
Others, if others selected, w					, icinca ay a mena,
* Contact name & number		n case of emerge	encies (such person should	l not be a participo	nt of the event)
Name:			Tel. Number:(STD Co		
					o. / Mobile No.)
If you wish to send your fin	The state of the s				umbers (max .3
mobile numbers allowed): 1) Mobile	(applicable only for Half Mara) 2) Mob) Mobile	
Number: -		ber: - (Country Code,		Number: -	
(Country Code, (Mob eg: +91)	le No.)	(Country Code, eg: +91)	(Mobile No.)	(Country Code eg: +91)	e, (Mobile No.)
What will be your target fin (Timing mentioned here is only on the basis of timing mention	for our information and will n	ot be considered fo	r line-up sections allocated fo	or race day. Line up se	ection will be allocate
Go Green: Do you wish to re physical copy from the expo		book on email a	nd agree that you will not	collect the Ye	s/ No
II *PAYMENT INFORMAT	ION (tick√any one)				
Cheque De	emand Draft Ca	sh Am	ount in Rs.	Chq/DD No.:_	
Chq/DD Date://_	(dd/mm/yy) Cheque / DI) in favour of "PRO	CAM INTERNATIONAL PVT. I	LTD. – ADHM".	
Bank Name & Branch:					
*REFUND					
In case of entry not accept	ed, the refund via NEFT wil	be made in favo	ur of		
(INR 100 will be deducted as p				T / Bank account det	ails)
■ CHARITY (tick ✓)					
Airtel Delhi Half Marathon i	s a unique platform to raise	funds and suppo	ort vour chosen cause. Do	you wish to suppor	rt any of the causes
registered with India Cares			ur email id and will be guided	THE RESERVED TO SECURITION AND ADDRESS OF	representation of the second o
#WAIVER (Must be signe					
(i) have given true and complete is understood the risk and responsible participating entirely at my/hi regulated/policed; (iv) understand and I/my ward have obtained a nour legal representatives, waive all contractors and construction International Private Limited and the aforementioned including, binjury, death or otherwise; (vi) ag event officials and organizers to, ward waive/s all claims that mig medical and emergency expenses ward as they may request. I agree transport or treatment; (viii) in condition during the race or at a existing conditions known by me to any person, none of the spons course, or any of the Airtel Delhi associated with the event or the oward's representatives; (ix) in camajeure event including but not event or any political entity or a Marathon Committee persons, directors, employees, agents or understand, agree and irrevocable with the Airtel Delhi Half Marath which may be photographed on discretion; (xii) shall not hold the (xiii) I/my ward do agree to receperson duly authorized by the proterms and guidelines.	bility of participating in the Airtel s/her risk and responsibility; (iii) in that I/my ward must be of, and in dical clearance from a register of the dical clearance from a register of the system of the dical clearance from a register of the system of the persons and entities assut not limited to, any claims that the that if I am/my ward is injured at my/our risk and cost, transport the result from such transport and and I/my ward hereby authorized that nothing herein shall oblig ase of any illness or injury caused my time thereafter as a result of and further regardless of whether ors of the event or any political end and further regardless of whether ors of the event or any political end injury caused limited to fire, riots or other civil uthorities and officials or any conficials or volunteers or Procan representatives of all or any of the permit Procam International to on, at its own discretion; (xi) undurace day and/or during various organizers and all/any of the eventive information and offers of various international of the eventive information and offers of various international of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all/any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and all any of the eventive information and offers of various organizers and	m and me/my ward Delhi Half Marathor understand the risk of must train to, an apped medical practition gainst any and all Spotourse, all Airtel Delociated with the every me/my ward to a me dor taken ill or other me/my ward to a me dor treatment or dor to me or my ward of the event, regardles to me or my ward of the event, regardles or lower ward shall have the intity or authorities a cons, officials or voluppresentatives of all of the tome or my ward of the event of th	is/am solely responsible for the or any event outlined in this ap a participating on a course with repriate level of fitness to participate in sors of the event, Delhi City, a hi Half Marathon Committee in the directors, employees the many ward participating in the vise suffer/s any detriment whe dical facility and/or to administely or deficiency therein. I show it is suffered by me or my ward officials or any other person or organizers or any other person of the aforementioned short of the suffered by me or my quakes, storms, typhoons or and the Limited or any persons or shall be held liable by me/my ward in this are the complete for loss of my/his/her applicates/services as may be sent to response to the sent to th	e accuracy of this inform oplication (collectively in vehicular traffic, even cipate in such a physical in the event/s; (v) for mill political entities, authors of persons, officials and s, agents and represent e event and whether of atsoever, I hereby irreviter emergency medical all pay or reimburse to efficials such medical datason to incur any expensivard due to any medical reasons or conditions e, the existence of such reconstruction firms would be held liable by me ward during the event by terrorist act, none of the course, or any of the course, or any of the course, or any of the course, with all/amment of the course o	mation; (ii) have fully "the event") and will if the course may be illy demanding event myself/ourselves and horities and officials, volunteers, Procam latives of all or any of m account of illness, locably authorize the itreatment and I/my or you my/my ward's ta relating to me/my se or to provide any il reasons or medical shall have been pre- meason or condition orking on or near the my persons or entities my ward or my/my or due to any force of the sponsors of the the Airtel Delhi Half the the event or the mepresentatives; (x) my entities associated my ward's photograph marathon, at its own mication fee in transit; ment promoters (or a
Applicant's Signature	Guardian	's Signature	Name &	relation of Guardia	an with Applicant