







## **APPLICATION FORM**

## Applicable for Great Delhi Run, Senior Citizens' Run and Champions with Disability

Check List: Have You.... (Please fill up the form in CAPITAL letters only)

- O Fully read the information in the overleaf of this Application Form?
- O Chosen your race category (any one)?
- O Affixed your recent passport sized photograph?
- O Attached a copy of your Govt. issued photo ID proof?
- Filled all mandatory fields (marked 'red')?
- O Included the correct application fee?
- O Signed the Waiver & Consent?

Affix your recent color photograph with your face clearly visible Size: (2 inch x 2 inch)

## CONSENT

- 1. I have read PIPL's Data Privacy policy (https://www.procam.in/static-assets/pdf/Data\_Privacy\_Policy.pdf) and I understand the necessity of data processing for the process of registration for any PIPL promoted events.
- 2. I am aware of the purposes for which my personal data may be used by PIPL.
- 3. I understand and agree that such data processing is a necessary legal compliance for contractual and security purposes.
- 4. I understand and agree that in absence of my consent to process my personal data. PIPL may not be able to provide any assistance to me, with regards to participation or registration
- 5. I give consent to PIPL to process my personal data for the purposes mentioned in (1) to (4)

// SIGNATURE //	
▲ Race Category (tick any one)	
□ Great Delhi Run (5 km) □ Senior Citizens' Run (3.2 km	m) Champions with Disability (3.2 km)
▲ Application Type ☐ Individual Entry ☐ Group Entry	
//GROUP NAME //	//GROUP SIZE //
Type of Group:  ☐ Corporate ☐ NGO ☐ Others:	_
▲ Personal Information	
//FIRST NAME //	// LAST NAME //
// ADDRESS //	UKEA
	DELHI RUN
// CITY/TOWN //	// STATE //
// PINCODE //	//COUNTRY //
//NATIONALITY///THE DISARI	// DATE OF BIRTH //

(DD/MM/YYYY)

// TELEPHONE/MOBILE //	// GENDER //	OMALE	OFEMALE	
INCLUDE STD CODE PLEASE				
//EMAIL-ADDRESS//	//EMAIL-ADDRES	ss//		
Post closure of registrations, individual applicant is required to Applicant will receive event related information on the email id give		marathon.in and	check his/her applic	eation status.
*For applications of the Champion with Disability race category.				
//TYPE OF DISABILITY //				
// WHAT KIND OF SUPPORT DO YOU EXCEPT FROM YOUR E	BUDDY ON THE RACE DAY	?//		
//OCCUPATION (TICK ONE) //				
□Business □Self-Employed □Salaried □Retired □			e Unemployed	
// NAME OF THE ORGANIZATION & DESIGNATION //				
<u></u>				_
				_
// WHERE DID YOU SEE OR HEAR ABOUT OUR EVENT? (TIC	K ONE) //			_
□Radio □Newspaper □Television □Online □Outdoor	Referred by a friend			
W NAME OF FAMILY (FRIEND (QUARRIAN IN CACE OF FME)	octnov //		_	
// NAME OF FAMILY / FRIEND / GUARDIAN IN CASE OF EMER	RGENCY //			This person should not b
// CONTACT NUMBER OF ABOVE PERSON //				a participan of the event
If you wish to send your Great Delhi Run finish timing via sms on a .3 mobile numbers allowed):	race day to your friends and	d family, please pi	rovide their mobile n	umbers (max
//MOBILE// //MOBILE//		//MOBILE	//	
<b>↓ Go Green</b>				
Do you wish to receive race day information book on email expo? OYes ONo	and agree that you will not	collect the phys	ical copy from the	
▲ Payment Information				
Cheque Demand Draft (tick any one)				
// AMOUNT IN RUPEES //	// CHEQUE / DD N	JMBER //		
// CHEQUE/DD DATED //	//BANK & BRANC	H NAME //		
// YOUR GST NO (IF YOU HAVE ONE) //	//INVOICE TO BE BIL	LED TO (NAME (	OF THE PERSON / C	OMPANY)//
	Enter correct name of p	erson/company and	I GST no. to claim GST cr	edit.
A Refund of Application Fees Paid				
Please note, in case of entry not accepted, the refund via NE and you will be contacted on your email asking for your NEF bank details on the link shared by Event Registration team.				
<b>▲ Philanthropy</b>				
Airtel Delhi Half Marathon is a unique platform to raise funds a the causes registered with India Cares? Oyes ONo		ause. Do you wisł	n to support any of	
You will be contacted on your email id and will be guided on ho	w to support charity.			

▲ Stories			
The ADHM is the largest showcase of the human spirit and we'd love to hear of any sporting feat you may have achieved in the recent past. Select stories will be amplified by us on various media. (max 100 words)			
Any other intere	ests you want us to know of?		
<b>⋏ Waiver</b>			
	(write full name)	declare, confirm and agree as follows that I/My ward	
Marathon of and respondent regulated/passed a physical part of the second regulated re	or any event outlined in this application (collect nsibility; (iii) understand the risk of participate policed; (iv) understand that I/my ward must be risically demanding event and I/my ward have be reached to participate in the event/s; (v) for my near the event and I/my ward have one to participate in the event/s; (v) for my near the event and event and I/my ward have one and construction firms working on or near the ers, Procam International Private Limited a semployees, agents and representatives of all result from me/my ward participating in the event if I am/my ward is injured or taken ill or otherwise of the event	d the risk and responsibility of participating in the Airtel Delhi Half ctively "the event") and will be participating entirely at my/his/her risk ating on a course with vehicular traffic, even if the course may be be of, and must train to, an appropriate level of fitness to participate in obtained a medical clearance from a registered medical practitioner, yself/ourselves and our legal representatives, waive all claims of the event, Delhi City, all political entities, authorities and officials, all the course, all Airtel Delhi Half Marathon Committee persons, officials and all other persons and entities associated with the event and the later any of the aforementioned including, but not limited to, any claims went and whether on account of illness, injury, death or otherwise; (vi) is sesuffer/s any detriment whatsoever, I hereby irrevocably authorize cost, transport me/my ward to a medical facility and/or to administer all claims that might result from such transport and/or treatment or you my/my ward's medical and emergency expenses and I/my ward vide to race officials such medical data relating to me/my ward as they event officials or organizers or any other person to incur any expense any illness or injury caused to me or my ward or death suffered by me dition during the race or at any time thereafter as a result of the event, condition shall have been pre-existing conditions known by me and osed, at any point in time, the existence of such reason or condition to many political entity or authorities and officials or any contractor or any of the Airtel Delhi Half Marathon Committee persons, officials or any persons or entities associated with the event or the directors, afforementioned shall be held liable by me/my ward or my/my ward's sed to me or my ward or death suffered by me or my ward during the tilmited to fire, riots or other civil disturbances, earthquakes, storms, of the event or any political entity or authorities and officials or any ecourse, or any of the Airtel Delhi Half Marathon Committee per	

directors, employees, agents or representatives of all or any of the aforementioned shall be held liable by me/my ward or my/my ward's representatives; (x) understand, agree and irrevocably permit Procam International to share the information given by me/my ward in this application, with all/any entities associated with the Airtel Delhi Half Marathon, at its own discretion; (xi) understand, agree and irrevocably permit Procam International to use my/my ward's photograph which may be photographed on race day and/or during various functions of the event, for the purpose of promoting Airtel Delhi Half Marathon, at its own discretion; (xii) shall not hold the organizers and all/any of the event sponsors responsible for loss of my/his/her application form and/or application fee in transit; (xiii) l/my ward do agree to receive information and offers of various brands/products/services as may be sent to me/my ward by the event promoters (or a person duly authorized by the promoters) on the email address given by me/my ward in this application form; (xiv) l/my ward understand and agree to the

If applicant is under 18 years of age as on 19.10.2019

**//APPLICANT'S SIGNATURE //** 

event terms and guidelines.

//GUARDIAN'S SIGNATURE //

//NAME & RELATION OF GUARDIAN WITH APPLICANT//