

THE UNIVERSITY OF THE PHILIPPINES-COLLEGE OF MEDICINE
in collaboration with
POSTGRADUATE INSTITUTE OF MEDICINE
and
THE UNIVERSITY OF THE PHILIPPINES MEDICAL ALUMNI FUND INC.
Invites you to
THE 21ST GRAND SCIENTIFIC SYMPOSIUM
ROAD TO WELLNESS: A FAMILY FUN RUN EVENT
FEBRUARY 2, 2014
LIWASANG ULALIM, CCP COMPLEX, PASAY CITY

ASSEMBLY TIME : 5:00 AM

Distance	Gun start	amount
10K	5:15am	P 500 (student P400)
5K	5:30am	P 400 (student P300)
3K	5:45am	P 300 (student P200)

- Participants below 18 years old must have their form signed by parent or guardian
- *Race Bib must be worn at all times during the race.
- *hydration stations will be provided in the race route
- *Medical Aid will be available in designaied areas
- *Allocated parking areas will be available near the event’s area.
- *Baggage deposit service will be provided.
- *Raffles and special prizes awaits for registered participants
- *Special prizes will be given for the first group / family with the most number of members running together in the same distance category.**
- *Special prizes will be given for the group / family with the most number of members running together in the same distance category**
- * Race kit includes race bib and shirt.

Registration Site

Postgraduate Institute of Medicine, UP college of Medicine, Manila

Contact person/s:

Flo 09178227612 canuto.ricci@gmail.com

Cyrille 09084308638 pgim-cm@post.upm.edu.ph

REGISTRATION FORM
RACE BIB NUMBER _____

Runner’s Information (Please fill up all fields)

First name:

Middle name:

Last name:

Age /Sex:

Address:

Cellphone #:

Email address:

Distance Category : 10K () 5K () 3K ()

Are you running with a group / family in the same distance category ? Yes () No ()

(* a group will compose of more than 2 members)

If yes, how many including yourself?

Names of group / family members : (please fill out extra registration form for other group members)

- 1.
- 2.
- 3.
- 4.
- 5.

Shirt size: Free size

Emergency Contact person:

Emergency contact person’s number:

Relationship:

RELEASE OF LIABILITY

I am physically/mentally fit to participate in the 21st Grand Scientific Symposium ROAD TO WELLNESS: A family Fun Run event and have the full knowledge of the risks involved. I give my permission for the free use of my name(s) and photos in any medium of this event. In consideration to being permitted to participate, I for myself, heirs, executor and administrations do hereby waive and release forever any and all rights, claims and damages, I may have against the event organizers, sponsors, volunteers, race officials, and all participants involved.

Participant’s/Parent’s/Guardian’s Signature

Date signed: _____

REGISTRATION FORM
RACE BIB NUMBER _____

Runner's Information (Please fill up all fields)

First name:
Middle name:
Last name:
Age /Sex:
Address:
Cellphone #:
Email address:

Distance Category : 10K () 5K () 3K ()
Shirt size: Free size

Emergency Contact person:
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Participant's/Parent's/Guardian's Signature
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