

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 21<sup>ST</sup> 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
- \* 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](mailto:canuto.ricci@gmail.com)  
Cyrille 09084308638 [pgim-cm@post.upm.edu.ph](mailto: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 21<sup>st</sup> 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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