

2023 Osaka Women's Marathon

OFFICIAL ENTRY FORM

Sunday, January 29, 2023

Family name											First name																	
Date of Birth				Year				Month				Day	Age as of 1/29/2023															
<input type="checkbox"/> Single	<input type="checkbox"/> Married			Nationality																								
Address											Street						City											
											Country						Postal Code											
Height	cm										Weight						kg											
Telephone	Home																Business											
	Fax																											
E-mail address																												
Running club																												
Occupation																												
Your personal best time in Marathon													Hr.				Min.				Sec.				Rank			
Name of the Race																												
Date of the Race						Year						Month						Day										
Qualifying time in <input type="checkbox"/> Marathon, <input type="checkbox"/> 30km, <input type="checkbox"/> Half Marathon, <input type="checkbox"/> 10km, from January 1, 2021 to December 12, 2022. *Qualifying time must be run on or after January 1, 2021 at certified races.																												
			Hr.				Min.				Sec.				Rank													
Name of the Race																												
Date of the Race						Year						Month						Day										

In consideration of your acceptance of this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the Organizing Committee, Japan Association of Athletics Federations, Osaka Association of All Athletes, the official governing body of sports in my country, as well as the race director or any of his appointed staff, Kansai Television Co. Ltd., The Sankei Shimbun, Osaka Prefectural and City Governments, officials, their representatives, successors, and assignees for any and all injuries suffered by me in the 2023 Osaka Women's Marathon. I attest and verify that I am an amateur as defined by the WA rules, and physically fit and have sufficiently trained for this competition, and such physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to the Organizing Committee and their authorized agents to use any photos, video tapes, motion pictures, recording and any other records of this event or other functions in connection with this event for any legitimate purposes.

SIGNATURE (To be signed by athlete)

DATE
