

2026 Osaka Women's Marathon

OFFICIAL ENTRY FORM

Sunday, January 25, 2026

Family name						First name													
Date of Birth			Year			Month			Day	Age as of 1/25 2026									
<input type="checkbox"/> Single		<input type="checkbox"/> Married		Nationality															
Address						Street								City					
						Country									Postal Code				
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, 2024 to December 9, 2025. *Qualifying time must be run on or after January 1, 2024 at certified races.																			
		Hr.			Min.			Sec.	Rank										
Name of the Race																			
Date of the Race					Year				Month				Day						
T-shirt size			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L																

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 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 2026 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
