FIT4life presents

11th Annual AIM

Sponsored Charity: The Longevity Project

Sunday, 29 October 2017 • Prampram—Tema—Accra

+ 233 (0) 27 780 2378 • (0) 26 243 8348 • www.aimghana.com • info@aimghana.com

Registration Fees: Marathon: $85 before 1 May • $95 before 1 Sep • $105 by 28 Oct
½ Marathon: $65 before 1 Jun • $75 before 1 Sep • $85 by 28 Oct
10K: $40 before 1 Jun • $45 before 1 Sep • $50 by 28 Oct
5K: $35 before 1 Jun • $40 before 1 Sep • $45 by 28 Oct
Corporate or Foreign Relay Team: $220 before 1 Jun • $250 before 1 Sep • $275 by 27 Oct
10% discount for kids under 15 and negotiated discount for large corporate groups

Those living in Ghana should pay in Cedis at the exchange rate in effect at time of payment as indicated at www.fx-rate.net/usd/ghs

Note: Registration fees are subject to change until registration is completed.

Those wishing to take advantage of the subsidized rates for low income locally-resident Ghanaians should apply to info@aimghana.com specifying why they are eligible for these special rates. **Subsidized rates will not be available after 31 August 2017**.

Registration closes at noon, 28 Oct 2017 (No Race Day registration)

PLEDGE FORM — AIM for a Worthy Cause!

AIM supports the life-saving mission of The Longevity Project. Your support brings important community health outreach services to deprived families and neighborhoods. Please visit www.longevityghana.com for more information, and **increase your impact by asking family, friends, co-workers, etc., to sponsor your participation in this worthy cause.**

NAME _____ PHONE _____

ADDRESS _____ E-MAIL _____

DONOR'S NAME (PLEASE PRINT)	PLEDGE AMOUNT
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
TOTAL	

Continue donor listing on reverse of this form, or make additional copies of this form if needed. You may enclose your pledges with your entry or bring them to the run. Please do not mail cash.

Raise GHS150 or more and win fabulous prizes. Visit aimghana.com/fundraising for details.

2017 ACCRA INTERNATIONAL MARATHON REGISTRATION FORM

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A: Register online with your credit card at www.active.com/accra-00000/running/distance-running-races/aim-2017 OR
B: ❶**Make payment*** at any Tigo Cash outlet to phone number 027 780 2378 or Fit4life's Bank of Baroda account**
❷**Complete and sign this form** online with your Tigo Cash or bank deposit confirmation number.
❸**Use the submit button on the form to submit** to info@aimghana.com.

— PLEASE NOTE THAT HAND-WRITTEN FORMS ARE NOT ACCEPTABLE —

*Pay in Cedis at the exchange rate in effect at time of payment as indicated at www.fx-rate.net/usd/ghs.

****Bank details** for AIM 2017 registration payments: **Fit4life Ltd** accounts at Bank of Baroda:
Cedi account: 95710200000197; or **Dollar account: 95710200000874**.

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Gender: Female ☐ Male ☐ Date of Birth: _____ (d/m/yyyy) Age on 29 Oct 2017: _____

Country of birth/citizenship: _____

Event Category: Full Mara ☐ | Half Mara ☐ | 10k ☐ 5k ☐ | Relay ☐ Team Name: _____

First Name _____

Last Name _____

Address _____

Phone(s) _____

E-mail _____

Profession _____

Name on personalized race bib (up to 15 characters):
Bib personalization deadline is 5 pm GMT 30 Sep.

_____

Shirt Style	
T-Shirt	Singlet
☐	☐

Shirt Size				
XS	S	M	L	XL
☐	☐	☐	☐	☐

TIGO CASH PAYMENT

GH¢: _____

Confirmation no. _____

Waiver: ALL PARTICIPANTS IN THIS EVENT ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT. I, the undersigned participant, on behalf of myself and on behalf of my personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waive, discharge and covenant not to sue Fit4life Ltd., its affiliated corporations and charities, the host city(ies), regions and country, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to me or my personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to me, my property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Event. I agree to the use of my name and/or photograph in broadcasts, newspapers, brochures and other media without compensation. I agree that the entry fee paid is not refundable and not transferable under any circumstances. I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the Event. I am aware that this event is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby accept any and all risks of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event. I have carefully read this agreement and understand its contents. I'm aware that this is a release of liability and a contract between myself and the Releasees and sign it of my own free will. I warrant that all statements made herein are true and correct and understand that Releasees have relied on them in allowing me to participate in the Event.

_____ _____
Signature of Participant / Parent or Guardian of a Participant under 18 years — Date (d/m/yy)

IF PARTICIPANT IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. I certify that I am the parent or guardian of participant, and my signature above certifies that my daughter/ son/ ward has my permission to participate in the Event. I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agree to its terms and conditions. I further certify that my daughter/son/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for her/him and grant access to my child's/ward's medical records as necessary and as stated above.

Rev. 30 Nov 16

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