## MET 5K Run/Walk REGISTRATION FORM



Tel: 669-5465/225-3479/3497 | Fax: 669-4009 | Email: metcommunications@metoffice.gov.tt

DATE: Saturday 24 <sup>th</sup> March, 2018	
LOCATION: Trinidad and Tobago Me	teorological Service, Rawinsonde Building,
South Terminal, Piarco International Airport, North Bank Road, Piarco.	
WARM UP: 6:15am	START TIME: 6:30am
REGISTRATION FEE: (\$40)	
Participant Information: PLEASE PRI	NT
FIRST NAME:	LAST NAME:
ADDRESS:	AGE: GENDER: MALE [ ] FEMALE [ ]
	PHONE:
	EMAIL:
MEAL PREFERENCE: MEAT [ ] FISH	H[] VEGGIE []
Emergency Contact Information:	
FIRST NAME:	LAST NAME:
RELATIONSHIP: TELE	EPHONE: (W) (C) (H)
or any loss or theft of personal property that I am physically fit and have trained abide by any decision of a race official reunderstand that bicycles, baby joggers, roare not allowed in the race. Having read to for your accepting my entry, I, for myself and	ny own risk. I assume all risk of injury, illness, damage hat might result from participating in this event. I attest sufficiently for the completion of this event. I agree to elative to any aspect of my participation in this event. I ller skates/ blades, animals, and personal music players his waiver and knowing these facts and inconsideration and anyone entitled to act on my behalf, waive and release their representatives and successors from all claims or articipation in this event.
Participant/Guardian Signature	Date