|  |  |  |
| --- | --- | --- |
| **Event Title:** |  | **Date: [DD/MM/YYYY]** |
| **Location:** |  | |

**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Email Address:** |  | **Phone Number:** |  |
| **Job Title:** |  | **Organization/Company:** |  |
| **Address:** | **City, State, ZIP Code** | **Province/State** | **Country** |

**Event Category**

**Please select your category:**

|  |  |
| --- | --- |
| ☐ Individual Participant | ☐ Team Participant |
| **Team Name (if applicable):** |  |

**Team Members (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member 1** | **Member 2** | **Member 3** | **Member 4** |
| **Member 5** | **Member 6** | **Member 7** | **Member 8** |
| **Member 9** | **Member 10** | **Member 11** | **Member 12** |

**Event Type**

**Please select the type of event:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Marathon | ☐ Fun Run | ☐ Triathlon | ☐ Cycling | ☐ Swimming |
| ☐ Sports Tournament | ☐ Fitness Bootcamp | ☐ Adventure Race | ☐ Other: |  |

**Experience Level**

**Please indicate your experience level:**

|  |  |  |
| --- | --- | --- |
| ☐ Beginner | ☐ Intermediate | ☐ Advanced |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Name:** |  | **Emergency Contact Phone Number:** |  |
| **Allergies or Medical Conditions:** |  |  |  |

**Special Requests**

**Dietary Restrictions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ None | ☐ Vegetarian | ☐ Vegan | ☐ Gluten-Free | ☐ Other: |
| **Special Accommodations:** |  | | | |

**Payment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fee:** | **Individual:** $[AMOUNT] | | **Team:** $[AMOUNT] | |
| **Payment Method:** | | | | |
| ☐ Credit Card | **Cardholder Name:** |  | | |
| **Card Number:** |  | | CVV: |
| **Expiration Date:** |  | | |
| ☐ PayPal |  | ☐ Check (Payable to: | |  |

**Waiver and Release**

**By submitting this form, I acknowledge that I have read and agree to the event's terms and conditions, and I release the organizers from any liability related to my participation in the event.**

* ☐ I agree

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | Signature | **Date:** | (DD/MM/YYYY) |