

Registration Form

Last Name: _____ Gender: M W

First Name: _____ Language: F E

Address: _____

City: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Phone: (_____) _____ Date of Birth: DD / MM / YYYY

E-mail: _____

Your *ChampionChip* code number (if you have one): _____

Group or Club Name: _____

I have full knowledge of and assume all risks of my registration in the Quebec City International Half-Marathon. I hereby release the organizers, volunteers and sponsors of the Half-Marathon from all responsibility for my participation in the event. I declare that I am physically fit to complete this event. I authorize any medical personnel to intervene on my behalf according to their qualifications if deemed necessary. I am also aware that I am responsible for the return of the ChampionChip Device to the Half-Marathon organizing committee immediately after the event. By failing to do so, I accept to pay the sum of \$40. I am aware that **entry fees are neither refundable nor transferable** and that in case of an emergency such as, but not limited to, severe weather or threat of terrorism, the Half-Marathon's team, in accordance with the city officials and the law enforcement, has the authority to cancel any of the events. If this situation happens, refunds wouldn't be provided as funds would already have been spent for the preparation of the event.

Participant Signature _____ **T-shirt**
S M L XL

Parent or legal guardian signature (under 18) _____

	Make your choice	Number	Fee	Total
30K Race	<input type="checkbox"/> RUNNER <input checked="" type="checkbox"/> WALKER	1 x	_____ = \$	_____
Half-marathon	<input type="checkbox"/> RUNNER <input type="checkbox"/> WALKER	1 x	_____ = \$	_____
10K Race	<input type="checkbox"/> RUNNER <input type="checkbox"/> WALKER	1 x	_____ = \$	_____
Kids Run <small>(3K - for 7 to 14 years old)</small>	<input type="checkbox"/> RUNNER <input type="checkbox"/> WALKER	1 x	_____ = \$	_____
Spring Brunch		_____ x	\$15 = \$	_____
				Total: \$ _____

To register as a WALKER you must walk 100% of the distance.

Check   Expiration date: _____ / _____

Credit card number: _____

Card Holder Name: _____



Quebec City International Half-Marathon
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