

Registration Deadline: Tuesday – 24 JANUARY 2017

ENTRY FORM

1. PERSONAL INFORMATION (ATHLETE)

FAMILY NAME															
GIVEN NAME											GENDER (M / F)				
ADDRESS 1															
ADDRESS 2															
CITY/COUNTY											POST CODE				
COUNTRY											COUNTRY CODE				
CITIZEN (YES / NO)					RESIDENTIAL (YES / NO)					*Details must be confirmed					
DATE OF BIRTH			/			/									
	DAY			MONTH			YEAR								
TELEPHONE											MOBILE / CELL				
EMAIL															
ARE YOU TAKING ANY MEDICATION WHICH MAY REQUIRE A THERAPUETIC USE EXEMPTION (TUE) CERTIFICATE?											YES / NO				

2. EMERGENCY CONTACT

NAME											TELEPHONE				
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3. CATEGORIES Based on your age on 19 March 2017

SEX	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Women														
Men														

4. EVENTS: PUT AN "X" BEFORE EACH EVENT YOU WANT TO ENTER

X	EVENTS	ELIGIBLE AGE GROUP	RECORD AS:	BEST PERFORMANCE IN 2015-2017 (MANDATORY INPUT TO SEED)
	60m	W35+ M35+		
	200m	W35+ M35+		
	400m	W35+ M35+		
	800m	W35+ M35+		
	1500m	W35+ M35+		
	3000m	W35+ M35+		
	60m Hurdles	W35+ M35+		
	3000m Track Race Walk	W35+ M35+		
	10km Road Race Walk	W35+ M35+		
	8km Cross Country	W35+ M35+		
	Half Marathon	W35+ M35+		
	Long Jump	W35+ M35+		

ATHLETES' CONSENT (To be included with your paper entry form)

Parties to agreement

World Masters Athletics (WMA) has sanctioned Daegu City (LOC) to conduct the 2017 World Masters Athletics Championships (WMAcI) in Daegu, South Korea during 19 to 25 March 2017.

Disclaimer and Agreement for Use of Medical and Entry Data

I hereby apply for entry to the WMAcI 2017 on the following terms and conditions which form a binding agreement between me, WMA and Daegu City.

- (1) I will abide by the IAAF rules and regulations as modified for WMAcI by WMA via their handbook and any special rules specified for this competition which will be outlined on the Daegu 2017 website and communicated to competitors.
- (2) I am physically and mentally fit to compete in the WMAcI safely and without causing injury to myself or other participants in the WMAcI.
- (3) I agree and consent to accept medical treatment from Daegu LOC, WMA or their servants, agents or contractors, ambulance officers or medical personnel in the event that I am injured or otherwise become ill or incapacitated during the WMAcI. In the event of any emergency medical treatment or services provided to me requiring the payment of fees, I agree to pay these fees upon request.
- (4) In consideration of WMA, Daegu City LOC are permitting me to participate in the WMAcI, I agree to indemnify, hold harmless and release the WMA, Daegu City LOC and their employees, servants and agents, and all officials and volunteers from and against any injury, loss, damage, liability, cost, expense, demand, claim or action whether arising at common law or under statute that I may suffer or incur arising out of or in connection with my participation in the WMAcI including as a result of the negligence, breach of statutory duty or any act or omission of WMAcI Daegu City and their employees, servants or agents and all officials and volunteers.
- (5) The indemnity and release in clause 4 above shall be, and operate separately, in favour of all persons, corporations and organisations involved or otherwise engaged in promoting or staging WMAcI and their servants, agents and representatives including but not limited to the medical and paramedical personnel and police and ambulance officers and the indemnity and release shall operate whether or not the injury, loss, damage, liability, cost, expense, demand, claim or action is attributable to an act or omission or neglect of any one or more of them.
- (6) I consent to photographs and video footage being taken of me before, during and after my participation in the WMAcI. I agree and acknowledge that the photographs and video footage are owned by WMA and Daegu City LOC and that those parties may use the photographs and video footage for promotional or other purposes without my further consent being obtained. I also consent to those parties using my name, image, voice, likeness and my performance in the WMAcI, at any time, to promote and publicise the WMAcI or their businesses.
- (7) I agree that all my personal details and the personal details of all accompanying persons (Personal Details) are provided to WMA Daegu City LOC and may be provided by them to:
 - (a) The Korea Immigration Service
 - (b) Future hosts of the WMA Championships
 - (c) The registration services provider SimplyRegister, Inc
 - (d) The WMA and Regional Associations
- (8) I agree that the Personal Details may be used by any party to whom they are provided for the following purposes:

- (a) Any purpose required or deemed appropriate by, or to assist, the parties hereto or the Korean government or any State or local government body, service or agency in South Korea.
 - (b) To contact me about my registration and/or participation in the WMAcI.
 - (c) To provide me with my unique WMAcI Accreditation Pass and competition bibs.
 - (d) To provide emergency medical treatment in the event that I am injured or otherwise become ill or incapacitated during the WMAcI.
 - (e) Personal Details may also be used for any purpose
 - (i) Required or authorised by law
 - (ii) Required in order to investigate an unlawful activity
 - (iii) Required by an enforcement body for investigative activities
 - (iv) Necessary to prevent a serious and imminent threat to a person's life, health or safety, or to public health or safety
 - (f) Personal Details may be disclosed overseas for the stated purposes.
- (9) I agree to allow WMA to hold the Personal Details and medical data in the WMA Registration Database.

Drug Testing and Disclaimer Consent

(10) I acknowledge that Drug Testing will be conducted under the WMA/IAAF Anti-Doping Rules and Regulations and hereby give my consent to be subject to any drug testing requirements at the said Championships. NOTE: If selected for drug testing Competitors must declare any/all medications being used by them on the doping control form. Any athlete using a prohibited substance as defined in the Regulations, must apply for an exemption (TUE) to the WMA Anti-Doping and Medical Committee. Athletes taking or requiring exemption for a prohibited substance must apply to the WMA Medical Officer (Dr. Martine Prévost) for a TUE exemption (17 rue Léon Roby FR-87000 LIMOGES: FRANCE. Tel: 0033 607 949 507, prevost.ma@wanadoo.fr).

If an exemption is refused, the prohibited substance(s) concerned must not be used and should you be selected for testing and the test proves positive this may result in a suspension. Please note that no other medical certificate(s) will be accepted in substitution for a TUE certificate. If you are granted a TUE exemption certificate, this must be with you at all times along with proof of identification, and must be produced at the Doping Control Centre if you are selected for a drug test. Details of prohibited substances and all Anti-Doping procedures are available on the IAAF (www.iaaf.org) website, the WMA (www.world-masters-athletics.org) website and your IAAF Affiliated Federation. The Competitor's Handbook in Daegu will also contain details of the Anti-Doping Procedures to be undertaken during the championships.

(11) Registration services are being provided by SimplyRegister, Inc. I acknowledge that I have read Simply Register's Terms of Use (www.simplyregister.net/terms) in its entirety and that I understand and agree to all of the provisions contained therein.

Cancellation Policy

(12) I understand that in no circumstances will refunds be considered following the registration closing date of Tuesday 24 January 2017. Prior to the registration closing date, but only in circumstances where there are extreme medical grounds supported by relevant documentary evidence of such medical conditions, refunds will be considered at the sole and final discretion of the LOC. Any such refunds granted shall be less the administration fees.

Payments

(13) Payments for paper entry forms MUST be made online with entries by the National Masters Affiliate of your country and all payments MUST be received by the LOC not later than Tuesday 24 January 2017. If a payment has not been received by that date, an athlete will not be registered as eligible to compete in the championships.

WMA National Masters Affiliates must validate all entries or data in the online system.

I confirm that I have read and understood the terms and conditions of this registration set out above.

DATE

ATHLETE'S SIGNATURE

Participants must send this entry form and entry fees to their National Masters Athletics association/WMA Affiliate.

New athlete entries must be validated by the Affiliate by receipt of a copy of the entrant's birth certificate as evidence for the date of birth, and confirmed by the Affiliate.

ATHLETES' MEDICAL FORM

An optional Athletes' Medical Form will be available on the Daegu 2017 website (www.daegu2017.or.kr) It is recommended that all athletes complete the form.

DEADLINE FOR ENTRIES

The closing date for all entries will be

Tuesday 24 January 2017

No entries will be accepted after this date.

CERTIFICATION OR STAMP OF WMA NATIONAL AFFILIATE (Paper copies)

DATE

SIGNATURE

ATHLETE MEDICAL FORM

This form is NOT an application for a Therapeutic Use Exemption (TUE). A TUE form can be downloaded from the WMA website. If you have a medical condition of which you wish to make the local organizing committee (LOC) aware, please download and complete this medical form and email it to the LOC Medical Records Manager. The information you give will assist medical personnel at the Daegu 2017 World Masters Athletics Championships to provide you with the best medical care, especially if you have any serious medical conditions. Your details will be held in confidence and used only for reference if required during the championships.

Family Name Given Name
 Date of Birth Country
 Mobile/cell contact number

Do you have any current medical problems? Yes () No ()
 Are you receiving treatment at present for any medical conditions? Yes () No ()
 Are you allergic to anything (medication, food, insect bites etc.)? Yes () No ()

Please add any details:

.....

Please list any medication that you are taking with dosage

.....

Who is your treating medical Doctor?

Name
 Address
 Email Telephone number

In an emergency are you willing to receive blood? Yes [] No []

Please give the name and mobile/cell number for a contact in the case of an emergency

Name
 Mobile/cell contact number.....

I understand that the details I have given are to help me to receive the best medical care during the Daegu 2017 World Masters Championships Indoors. I also agree to allow WMA to hold my medical data in the WMA database or WMA Anti-Doping and Medical Database.

Signature: Date:

This form should be returned by email to : dgmedi2017@gmail.com