

2016 半程马拉松报名表

Half Marathon Registration Form

义乌国际马拉松赛
Yiwu International Marathon

姓 Last Name	名 First Name	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
出生年月日 Date of Birth	年 Year	月 Month	日 Day
国家/地区 Nationality/Region		民族 Ethnicity	
现居住地址 Detailed Present Home Address			
身份证号码/护照号码 ID Number/Passport Number			
手机号 Mobile No.		固定电话 Tel.	
工作单位 Current Employer		单位电话 Business Phone Number	
单位性质 Nature of Business	<input type="checkbox"/> 国有企业 Government-owned Corporation	<input type="checkbox"/> 合资企业 Joint Venture	<input type="checkbox"/> 外资企业 Foreign-owned Enterprise
	<input type="checkbox"/> 私营企业 Private Company	<input type="checkbox"/> 其他 Others	
职位 Position	<input type="checkbox"/> 职员 Staff	<input type="checkbox"/> 公务员 Officer	<input type="checkbox"/> 经理/中层管理人员 Manager
	<input type="checkbox"/> 总监/高级管理层 Senior Executive	<input type="checkbox"/> 总裁 President	<input type="checkbox"/> 企业主 Entrepreneur
	<input type="checkbox"/> 其他 Others		

比赛当天发生紧急情况时联系人 Emergency Contact Person on Race Day

姓名 Name	与参赛者关系 Relationship	手机号 Mobile No.
固定电话 Tel.	联系地址 Address	

参赛声明 STATEMENT

- 本人自愿报名参加2016义乌国际马拉松赛及一切相关活动（以下简称“比赛”），并将如实填写报名信息，对所填写内容的真实有效性负责。并承诺以本人名义参赛，知悉报名后获得的号码布不能以任何方式转让给他人。
- 本人全面理解并同意遵守义乌国际马拉松赛组委会（以下简称“组委会”）制订的各项规程、规则、规定、要求及采取的措施。
- 本人知悉参加此项比赛对健康状况有特殊要求以及存在的不安全因素，同时对参赛可能存在的各种风险和意外已作出审慎的评估。为参加比赛已做好充分训练和准备并经国家认证的医疗机构体检，确认自身身体和精神健康状况符合参加比赛的各项要求。
- 本人愿意承担比赛中自身的意外风险责任。针对本人在比赛期间发生或引致的自身意外、死亡或任何形式的损失，承诺放弃、免除、解除、撤销组委会、赞助单位、场地单位及其职员、雇员、代理人的任何经济责任和法律责任。
- 本人保证在比赛过程中服从裁判和赛事工作人员的管理和指挥。
- 本人同意接受组委会比赛期间提供的现场急救性质的医务治疗，但在医院救治等发生的相关费用由本人自理。
- 本人授权组委会及指定媒体无偿使用本人的姓名、肖像、声音和其它个人资料用于比赛的组织和推广。
- 本人愿意接收组委会赞助商发布的相关信息。
- 本人已经阅读并知晓2016义乌国际马拉松赛相关保险内容及保险条款，同意组委会以本人作为保险投保人身意外险。
- 本人或法定代理人已认真阅读并全面理解以上内容，且对上述所有内容予以确认并承担相应的法律责任。
- It is my own will to register for the 2016 Yiwu International Marathon and all the related events (hereafter called "the race"). All the information I provided is authentic, and I shall take all responsibilities for any false information. I promise that I shall take the race personally, and I am informed that any kind of bib-transfer shall be forbidden.
- I completely understand and abide all the regulations, rules, requirements and measures made by Yiwu International Marathon Organizing Committee (hereafter called OC)
- I have acknowledged the special requirements and potential risk to my health condition of the race, I have carefully evaluated all the risks and accidents that might occur during the race. I have fully trained and prepared for the race and gone through physical check-up by the hospital of grade 1 or above. I confirm that my health and mental conditions are qualified for all the requirements of the race.
- I will take any responsibilities of the accident that might occur due to personal reasons. I promise to give up, remove lift, revoke any economic responsibility or legal liability of the OC, sponsors, venues units and their officers, employees and agents.
- I guarantee to follow the orders of referees and staff and the instructions.
- I agree to take the first aid medical treatment during the race, and I will pay for any other cost for the medical care in the hospital after the race.
- I authorize OC to gratuitously use my name, portrait, voice and other personal information for purpose of the race organization and promotion.
- I'm willing to receive all the relative information sent from OC sponsors.
- The insurance instruction and insurance clause of 2016 Yiwu International Marathon have been completely read and understood, I agree that OC takes personal accident insurance for me.
- Information above has been read attentively and understood fully by myself or my legal representative, and I/my legal representative confirm all the information and take relevant legal liability.

- ☐ 我确认我已阅读并接受上述参赛声明。
I confirm that I have read and accepted the above statement.
- ☐ 我希望组委会为我安排参赛包快递服务，并愿意支付因此产生的费用（快递到付）。
I hope that OC sends marathon package to me by express, and I am willing to pay the resulting costs.

快递地址
Express Address

本人签名
Signature

日期
Date

2016 迷你马拉松报名表

Mini Marathon Registration Form

义乌国际马拉松赛
Yiwu International Marathon

姓 Last Name	名 First Name	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
出生年月日 Date of Birth	年 Year	月 Month	日 Day
国家/地区 Nationality/Region		民族 Ethnicity	
现居住地址 Detailed Present Home Address			
身份证号码/护照号码 ID Number/Passport Number			
手机号 Mobile No.		固定电话 Tel.	
工作单位 Current Employer		单位电话 Business Phone Number	
单位性质 Nature of Business	<input type="checkbox"/> 国有企业 Government-owned Corporation	<input type="checkbox"/> 合资企业 Joint Venture	<input type="checkbox"/> 外资企业 Foreign-owned Enterprise
	<input type="checkbox"/> 私营企业 Private Company	<input type="checkbox"/> 其他 Others	
职位 Position	<input type="checkbox"/> 职员 Staff	<input type="checkbox"/> 公务员 Officer	<input type="checkbox"/> 经理/中层管理人员 Manager
	<input type="checkbox"/> 总监/高级管理层 Senior Executive	<input type="checkbox"/> 总裁 President	<input type="checkbox"/> 企业主 Entrepreneur
	<input type="checkbox"/> 其他 Others		

比赛当天发生紧急情况时联系人 Emergency Contact Person on Race Day

姓名 Name	与参赛者关系 Relationship	手机号 Mobile No.
固定电话 Tel.	联系地址 Address	

参赛声明 STATEMENT

- 本人自愿报名参加2016义乌国际马拉松赛及一切相关活动（以下简称“比赛”），并将如实填写报名信息，对所填写内容的真实有效性负责。并承诺以本人名义参赛，知悉报名后获得的号码布不能以任何方式转让给他人。
- 本人全面理解并同意遵守义乌国际马拉松赛组委会（以下简称“组委会”）制订的各项规程、规则、规定、要求及采取的措施。
- 本人知悉参加此项比赛对健康状况有特殊要求以及存在的不安全因素，同时对参赛可能存在的各种风险和意外已作出审慎的评估。为参加比赛已做好充分训练和准备并经国家认证的医疗机构体检，确认自身身体和精神健康状况符合参加比赛的各项要求。
- 本人愿意承担比赛中自身的意外风险责任。针对本人在比赛期间发生或引致的自身意外、死亡或任何形式的损失，承诺放弃、免除、解除、撤销组委会、赞助单位、场地单位及其职员、雇员、代理人的任何经济责任和法律责任。
- 本人保证在比赛过程中服从裁判和赛事工作人员的管理和指挥。
- 本人同意接受组委会比赛期间提供的现场急救性质的医务治疗，但在医院救治等发生的相关费用由本人自理。
- 本人授权组委会及指定媒体无偿使用本人的姓名、肖像、声音和其它个人资料用于比赛的组织和推广。
- 本人愿意接收组委会赞助商发布的相关信息。
- 本人已经阅读并知晓2016义乌国际马拉松赛相关保险内容及保险条款，同意组委会以本人作为保险投保人身意外险。
- 本人或法定代理人已认真阅读并全面理解以上内容，且对上述所有内容予以确认并承担相应的法律责任。
- It is my own will to register for the 2016 Yiwu International Marathon and all the related events (hereafter called "the race"). All the information I provided is authentic, and I shall take all responsibilities for any false information. I promise that I shall take the race personally, and I am informed that any kind of bib-transfer shall be forbidden.
- I completely understand and abide all the regulations, rules, requirements and measures made by Yiwu International Marathon Organizing Committee (hereafter called OC)
- I have acknowledged the special requirements and potential risk to my health condition of the race, I have carefully evaluated all the risks and accidents that might occur during the race. I have fully trained and prepared for the race and gone through physical check-up by the hospital of grade 1 or above. I confirm that my health and mental conditions are qualified for all the requirements of the race.
- I will take any responsibilities of the accident that might occur due to personal reasons. I promise to give up, remove lift, revoke any economic responsibility or legal liability of the OC, sponsors, venues units and their officers, employees and agents.
- I guarantee to follow the orders of referees and staff and the instructions.
- I agree to take the first aid medical treatment during the race, and I will pay for any other cost for the medical care in the hospital after the race.
- I authorize OC to gratuitously use my name, portrait, voice and other personal information for purpose of the race organization and promotion.
- I'm proud to receive all the relative information sent from OC sponsors.
- The insurance instruction and insurance clause of 2016 Yiwu International Marathon have been completely read and understood, I agree that OC takes personal accident insurance for me.
- Information above has been read attentively and understood fully by myself or my legal representative, and I/my legal representative confirm all the information and take relevant legal liability.

☐ 我确认我已阅读并接受上述参赛声明。
I confirm that I have read and accepted the above statement.

☐ 我希望组委会为我安排参赛包快递服务，并愿意支付因此产生的费用（快递到付）。
I hope that OC sends marathon package to me by express, and I am willing to pay the resulting costs.
快递地址
Express Address

本人签名
Signature

日期
Date

2016 家庭亲子跑报名表

Family Run Registration Form

义乌国际马拉松赛
Yiwu International Marathon

姓 Last Name	名 First Name	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
出生年月日 Date of Birth	年 Year	月 Month	日 Day
国家/地区 Nationality/Region		民族 Ethnicity	
现居住地址 Detailed Present Home Address			
身份证号码/护照号码 ID Number/Passport Number			
手机号 Mobile No.		固定电话 Tel.	
工作单位 Current Employer		单位电话 Business Phone Number	

单位性质 Nature of Business	<input type="checkbox"/> 国有企业 Government-owned Corporation	<input type="checkbox"/> 合资企业 Joint Venture	<input type="checkbox"/> 外资企业 Foreign-owned Enterprise	<input type="checkbox"/> 私营企业 Private Company	<input type="checkbox"/> 其他 Others
职位 Position	<input type="checkbox"/> 职员 Staff	<input type="checkbox"/> 公务员 Officer	<input type="checkbox"/> 经理/中层管理人员 Manager	<input type="checkbox"/> 总监/高级管理层 Senior Executive	<input type="checkbox"/> 总裁 President
				<input type="checkbox"/> 企业主 Entrepreneur	<input type="checkbox"/> 其他 Others

家庭成员1 Family Member 1

姓 Last Name	名 First Name
<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
手机号 Mobile No.	
出生年月日 Date of Birth	年 Year
月 Month	日 Day
国家/地区 Nationality/Region	民族 Ethnicity
身份证/护照号码 ID/Passport Number	

家庭成员2 Family Member 2

姓 Last Name	名 First Name
<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
手机号 Mobile No.	
出生年月日 Date of Birth	年 Year
月 Month	日 Day
国家/地区 Nationality/Region	民族 Ethnicity
身份证/护照号码 ID/Passport Number	

家庭成员3 Family Member 3

姓 Last Name	名 First Name
<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
手机号 Mobile No.	
出生年月日 Date of Birth	年 Year
月 Month	日 Day
国家/地区 Nationality/Region	民族 Ethnicity
身份证/护照号码 ID/Passport Number	

比赛当天发生紧急情况时联系人 Emergency Contact Person on Race Day

姓名 Name	与参赛者关系 Relationship	手机号 Mobile No.
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I/We hope that OC sends marathon package to me by express, and I am willing to pay the resulting costs.

快递地址
Express Address

本人签名
Signature

日期
Date