

Entry Form

KENYA WATER SPORTS TRUST	
PO BOX 91270-80103, Kilindini, MOMBASA,KENYA. TEL;254-722-421577 or 0733-337433 ,email; rowing@africaonline.co.ke	
KENYA INTERNATIONAL CANOEING MARATHON 5TH- 8TH NOVEMBER 2008	
ENTRY FORM	
NAME	
ADDRESS	
Date of Birth	Nationality;
WEIGHT:	SEX:
TEL;	FAX:
EMAIL:	
MANDATORY INFORMATION - TO Assit with Medical Planning and Ensure the correct assistance.	
ARE YOU ON ANY REGULAR MEDICATION , YES/ NO . If yes, Please state the nature of your Illness;	
DO YOU HAVE ANY ALLERGY ; YES/ NO IF YES - STATE THE ALLERGY AND TO WHAT	
BLOOD GROUP;	
<p>I, hereby register to participate in the above event, I am participating in this event of my own free will and fully understand that this Marathon can be strenuous and confirm that I am a normally fit person and to the best of my knowledge I do not suffer from any disease or other life threatening illness. I do not and will not at any time in future hold the Organizers and /or officers, agents or volunteers of KENYA WATERSPORTS TRUST liable for any loss, damage, injury or death howsoever caused. I take full responsibility of my personal Health and any deterioration of health that may occur during and after this event, due to my participation in any aspect in this event. Furthermore I fully understand that the Organizers reserve the right to stop my participation at any stage during this event due to any adverse circumstances pertaining to my health, without refund or compensation .I have read and agree to abide by the rules, regulation and instruction by the organizers .I further hereby agree to be responsible for payment of any damage/loss of kayak hired from the Organizers and while under my care. I confirm that I am able to swim in the sea.</p>	

SIGNATURE OF PARTICIPANT;	
TYPE OF CRAFT;	
RACE CATEGORY: K1 , K2 ,	
FEES PAID; Receipt No ;	
1-Kenya Water sports Trust reserves the right of admission to participation in this event.	
2--Please Fill One Entry form per participant	