



THE 42nd OITA INTERNATIONAL WHEELCHAIR MARATHON (Nov.19, 2023)

ENTRY & MEDICAL IDENTITY FORM

(ALL ATHLETES & ACCOMPANYING PERSONS SHALL SUBMIT THIS FORM)

#Athletes will be charged 5,000yen for Marathon and 1,000yen for Half Marathon as entry fee.

PERSONAL INFORMATION

NAME (as in your passport)

APPLICATION AS:

_____ first / _____ middle / _____ last

ATHLETE

DATE OF BIRTH _____ AGE _____ SEX _____

ACCOMPANYING PERSON

_____ / _____ / _____
month / day / year

TO: _____

Wheelchair user (escort):

YES NO

*You must be 14 yrs. or older as of Nov. 19, 2023

ADDRESS (including apartment no., suite, floor)

NEED DOCUMENT FOR VISA

YES NO

NATIONALITY: _____

PHONE _____

FAX _____

EMAIL _____

OCCUPATION _____

DAILY WHEELCHAIR: Collapsible Not Collapsible

FAREWELL PARTY (ALL FREE): Attend Not Attend

PHOTO

Please clip on your photo

RACE INFORMATION

ENTRY DIVISION : MARATHON HALF MARATHON

PARTICIPATION IN OITA : First Time Finished Not Finished

NAME OF COM./ ASSO. YOU BELONG TO AS ATHLETE: _____

WORLD PARA ATHLETICS ATHLETE REGISTRATION NUMBER IN THE SDMS: _____

PERSONAL BEST RECORD (marked during Sep.1, 2021 – Aug.31. 2023) * Attach the proof of your record.

TIME: _____ : _____ : _____
hrs. mins. sec.

AT: _____
name of race

ON: _____ / _____ / _____
month / day / year

TRAVEL INFORMATION

INTERNATIONAL FLIGHT

< ARRIVAL IN JAPAN >

_____ / _____ / _____ : _____
month / day / hrs : mins

port of boarding

arrival airport

flight no. _____

< DEPARTURE FROM JAPAN >

_____ / _____ / _____ : _____
month / day / hrs : mins

port of landing

departure airport

flight no. _____

TYPE OF ACCOMMODATION (Subject to Room Availability): SINGLE TWIN (Roommate: _____)

CLASSIFICATION STATUS INFORMATION

T51 T52 T53/54

T33 T34

* If available, please attach your International classification certificate issued by WPA

Medical Diagnosis

SPINAL CORD INJURY

MOTOR LEVEL

C _____ TH _____ L _____

COMPLETE

IMCOMPLETE

POLIOMYELITIS

AMPUTATION SA/K SB/K DA/K DB/K

DYSFUNCTION WITH C.P

LES AUTRES _____

OTHERS _____

SITTING BALANCE + -

| | | |
|-------------|--|---------------|
| ナンバー カード | | |
| クラス 認定 | | ・マラソン ・ハーフ |

ACCEPTANCE OF RISK AND RELEASE OF CLAIMS

I and my accompanying person hereby agree to obey the rules, regulations and directions of Oita International Wheelchair Marathon. I understand that there is potential risk of serious injury or death by racing in this event. I understand the possibility of danger by falling during the race, influence of weather, contact with other athletes, traffic conditions, etc., and I will take responsibility for myself. In consideration of your accepting this entry, I hereby for myself and accompanying person, executors and administrators waive and release any and all rights and claims for damages I may have against the Oita International Wheelchair Marathon Organizing Committee, governors, officers, or the sponsors for any and all injuries suffered by me in said event. I attest and certify that I am physically fit and have sufficiently trained for competition in this event. I agree not to alter my running number in any way in this event. I and my accompanying person grant to the Oita International Wheelchair Marathon Organizing Committee the exclusive right to the free use of name, voice, and/or photograph in any broadcast, telecast, advertising, promotion or other account of this event.

SIGNATURE

DATE :

_____ / _____ / 2023
month / day / year