

Registration Deadline: Monday 10th November 2021

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)			RESIDENT (YES / NO)				*Details must be confirmed										
DATE OF BIRTH			/			/											
	DAY		MONTH		YEAR												
TELEPHONE							MOBILE / CELL										
EMAIL																	
ARE YOU TAKING ANY (TUE) CERTIFICATE?										MEDICATION WHICH MAY REQUIRE A THERAPUETIC USE EXEMPTION				YES / NO			

2. EMERGENCY CONTACT

NAME											TELEPHONE					
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3. CATEGORIES Based on your age on 21 November 2021

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 2019-2020 (MANDATORY INPUT TO SEED)
	60m	W35+ M35+		
	100m	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+		

Come Run Enjoy it!

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

Parties to agreement

Africa Masters Athletics (AFMA) has sanctioned Nairobi City (LOC) to conduct the 2021 Africa Masters Athletics Championships (AFMA) in Nairobi, Kenya during 22 to 27 November 2021.

Disclaimer and Agreement for Use of Medical and Entry Data

I hereby apply for entry to the AFMA 2021 on the following terms and conditions which form a binding agreement between me, AFMA and Nairobi Host City.

- (1) I will abide by the WA rules and regulations as modified for AFMA by WMA via their handbook and any special rules specified for this competition which will be outlined on the AK 2021 website and communicated to competitors.
- (2) I am physically and mentally fit to compete in the AFMA safely and without causing injury to myself or other participants in the AFMA championships.
- (3) I agree and consent to accept medical treatment from Nairobi LOC, AFMA 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 AFMA. 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 AFMA, Nairobi City LOC are permitting me to participate in the AFMA, I agree to indemnify, hold harmless and release the AKM, Nairobi 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 AFMA including as a result of the negligence, breach of statutory duty or any act or omission of AFMA Nairobi 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 favor of all persons, corporations and organizations involved or otherwise engaged in promoting or staging AFMA 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 AFMA. I agree and acknowledge that the photographs and video footage are owned by AFMA and Nairobi 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 AFMA, at any time, to promote and publicize the AFMA or their businesses.
- (7) I agree that all my personal details and the personal details of all accompanying persons (Personal Details) are provided to AKM Nairobi City LOC and may be provided by them to:
 - (a) The Kenya Immigration Service
 - (b) Future hosts of the WMA Championships
 - (c) The registration services provider Athletics Kenya.
 - (d) The AFMA 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 Kenyan government or any State or local government body, service or agency in Kenya.
- (b) To contact me about my registration and/or participation in the AFMA.
- (c) To provide me with my unique AFMA Accreditation Pass and competition bibs.

To provide emergency medical treatment in the event that I am injured or otherwise become ill or incapacitated during the AFMA.

- (d) 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
- (e) Personal Details may be disclosed overseas for the stated purposes.

(9) I agree to allow AKM to hold the Personal Details and medical data in the AFMA 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 AFMA Anti-Doping and Medical Committee. Athletes taking or requiring exemption for a prohibited substance must apply to the AFMA Medical Officer (Dr.) for a TUE exemption (Athletics Kenya P.O.Box 46722 – 00100, Aerodromes Road Nairobi Kenya: Tel: 254-726144580, athleticskenyamasters@gmail.com).

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 Nairobi will also contain details of the Anti-Doping Procedures to be undertaken during the championships.

(11) Registration services are being provided by Simply Register, 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 Wednesday 10 November 2021. 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 15 November 2021. 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 setout 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 Athletics Kenya 2021 website (www.athleticskenya.or.ke) It is recommended that all athletes complete the form.

DEADLINE FOR ENTRIES

The closing date for all entries will be **Wednesday 10 October 2021**
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 **Athletics Kenya** (AK) 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 Nairobi 2021 Africa 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:			

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.....

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 Kenya 2021 Africa Masters Championships Stadia. I also agree to allow AKM to hold my medical data in the AFMA database or WMA Anti-Doping and Medical Database.

Signature..... **Date:**

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

