7EmiratesRun 2018 - Personal Information Form

The information below will be used by the Organizers of the 7EmiratesRun to contact you or your Next of Kind if required. Please ensure details are legible and correspond to your passport. **Each** participant must complete a form.

PARTICIPANT DETAILS:

MR/MRS MS/MISS	GIVEN NAMES (AS SHOWN ON PASSPORT)	SURNAME / LAST NAME (AS SHOWN ON PASSPORT)	PASSPORT NUMBER	NATIONALITY OF PASSPORT	PASSPORT EXPIRY DATE

UAE national: **ID-No:** **UAE resident since:** **ID-No:**

Name by which you wish to be known (if other than above):.....

Date of Birth dd/mm/yy .....

Street Address: ..... City: .....

Country: ..... Post Code: .....

Home phone: + ...Mobile phone: + ...

Email: ....

What is your first language: .....**How well do you speak English?** .....

Any Dietary Restrictions?: ....

EMERGENCY CONTACT (someone you would like us to call in an emergency)

Name: ..... Relationship: ..... Country: .....

Home phone: + ... Mobile phone: + ...

Email: ....

OTHER AUTHORIZED CONTACT (The Organizers of the 7EmiratesRun may be asked for information about you while you are running across the Emirates. We will **ONLY** give information to people you specify)

Name: ..... Relationship: ..... Country: .....

Name: ..... Relationship: ..... Country: .....

Name: ..... Relationship: ..... Country: .....

Medical Insurance
The information below will be used by the Organizers of the 7EmiratesRun to contact your Insurance Company only in the case of an medical emergency. It is your responsibility to ensure details are legible. **Each** participant must complete a form.

Full name of insured person: .....

Insurance Company Name: .....

Type of Policy: .....Policy Number: .....

Policy Start Date: .....Policy End Date: .....

24 hour, worldwide, emergency telephone number: +.....(Please give country code)

Check that your medical insurance covers extreme events like the 7EmriatesRun. Please provide a copy of the insurance card and ID card with this form..

Runners Expierence:
How many ultra marathons ___, marathons ___, half-marathons ___, 10km ___ have you finished so far.

Please list below:

Date of the event:	**Name of the event:**	**Finisher Time:**
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PRIVACY
We respect the privacy of our participants. The information you provide will only be used for the purposes specified above.

As the purpose of the 7EmiratesRun is to raise funds for children in need, pictures, statements, videos etc. with you might be published and/or used for purposes to raise awareness of and promote the 7EmiratesRun. With your signature on this form you agree to the above.

Full name of participant: …….

Date: ……

Signature: ……