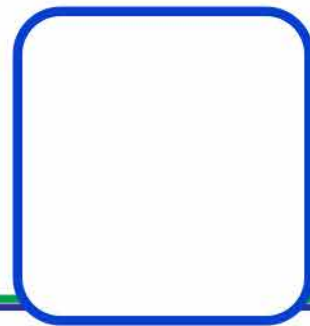


# Entry Form 2026



**CALABAR MARATHON™**  
Challenge, Race, Win



## PERSONAL INFORMATION: FULL NAME (Shown on Passport or Identity Card)

(First Name)	(Middle Name)	(Last Name)
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SEX: MALE ☐ FEMALE ☐

Contact Address:  Mobile Number:

Emergency Address of Participant:

Nationality:  Date of Birth:

E-mail Address:

Country of Birth:  State of Origin:  L.G.A.:

Entry Mode: ☐ 21.1km Professional Half-Marathon ☐ 10km Fun Run ☐ 5km Health and Charity Walk

## WAIVER AND RELEASE FROM LIABILITY

**Warning:** - All participants in this Event ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT.

I, the undersigned participant, on behalf of my personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waive, discharge and covenant not to sue the CRS Tourism Bureau and the Calabar Marathon & Carnival Race Foundation, its affiliated corporations and charities, the host city(ies) local government area, the Cross River State Government and country and any municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals, shareholders, successors and assigns, (collectively "Releasees") from all liability to me or my personal representatives, assigns, heirs, executors for any and all loss(es), damages(s) and any and all claims or demands therefore, on account of injury to me, my property or resultant death, whether caused by the active or passive negligence of all or any of the releases or otherwise, in connection with my participation in the Event. I agree to the use of my name and/or any photograph in broadcasts, newspaper, brochures and other media without compensation. I agree that entry or registration fee paid is not refundable and not transferable under any circumstances.

I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the event. I am aware that this event is a strenuous and potentially dangerous activity. With knowledge of the risk involve I hereby accept any and all risk of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event for the required minimum time of six months. I have carefully read this agreement and understand its contents. I am aware that this is a release of liability and a contract between myself and the releasees and sign it of my own free will. I warrant that all statements made herein are true and correct and understand that releasees have relied on them in allowing me to participate in the event.

I certify that I am the parent or guardian of participant, and my signature below certifies that my daughter/son/ward has my permission to participate in the event. I have read and understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agree to its terms and conditions. I further certify that my daughter/son/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for her/him and grant access to my child's/wards medical records as necessary and as stated above.

Signature of Athlete: .....

Signature of Parent: .....

## FOR OFFICIAL USE ONLY

### REGISTRATION

NUMBER: ..... SIGNED .....

**NOTE:** Applicants can submit completed HARD COPY FORMS to the service desk Cross River State Tourism Bureau OR register online at [www.calabarmarathon.com/mreg](http://www.calabarmarathon.com/mreg) or call +2349033001607, +2347033536893 for registration and further enquiries. Completed forms can also be emailed to [info@calabarmarathon.com](mailto:info@calabarmarathon.com) or [info@explorecrossriver.com](mailto:info@explorecrossriver.com)