



REGISTRATION FORM

Bill No.:

Date :

for official use only

Personal Best Record _____ Predicred time in the race _____
Detail of the record: When ____/____/____ (dd/mm/yyyy) Where _____
Type of Competition _____

Select Your T-Shirt Size

S ☐ M ☐ L ☐
XL ☐ XXL ☐ XXXL ☐

Charity Contribution

If you are interested in helping our cause by charity donationi, your are most welcome
Contributing Amount

Note:
Charity Contributor Name and Address will be inlisted in our official website

www.nrssportsfoundation.org.np

Personal Infromation

* Full Name _____
* Gender Male Female *Blood Group _____ *Age _____
* Date of Birth (BS) ____/____/____ (dd/mm/yyyy) (AD) ____/____/____ (dd/mm/yyyy)
Occupation ☐ Business ☐ Self-Employed ☐ Service ☐ Retired ☐ Housewife ☐ Student ☐

* Address _____

* Mobile No.: _____

E-mail _____

*In case of Emergency, Contact Name & numbers of Family/Friend/Guardian:

Name _____ Mobile _____

Race Categories

- ☐ Marathon (42.195)
☐ Marathon Masters 40+
☐ Marathon Masters 50+
☐ Marathon Masters 60+
☐ Half Marathon (21.097)
☐ Half Marathon Masters 40+
☐ Half Marathon Masters 50+
☐ 10K
☐ 10K Master
☐ 5K Open
☐ 3K Open
☐ 3K Family Run

*Waiver (Must be signed for entry acceptance)

I declare, confirm and agree as follows and I/my ward

I have fully understood the risk and responsibility of participating in 17th Kathmandu Marathon 2025 or any event outlined in this application (collectively "the event") and will be participating entirely at my/his/her risk and responsibility.

(i) I understand that I/my ward must be, and must train to, an appropriate level of fitness to participate in such a physically demanding event, and I/my ward have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event/s;

(ii) I indemnify for myself/ourselves and our legal representatives, and waive all claims of whatsoever nature against any and all Sponsors of the/any event, all political entities, authorities and officials, all contractors and construction firms working on or near the course, all 17th Kathmandu Marathon 2025 Organizing Committee persons, officials and volunteers, and all other agents and representatives of all or any of the aforementioned, including, but not limited to, any claims that might result from me/my ward participating in the event, whether on account of illness, injury, death or otherwise;

(iii) agree that if I/my ward is injured or taken or otherwise suffers any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my risk and cost, transport me/my ward to a medical facility and/or to administer emergency medical treatment, and I/my ward's medical and emergency expenses shall be provided to race officials through medical data relating to my request. I agree to incur any expenses for transportation or treatment;

(iv) in case of injury due to any force majeure event including but not limited to acts of God, negligence, earthquakes, storms, typhoons or any terrorist act, none of the 17th Kathmandu Marathon 2025 Organizing Committee persons, officials, or any other persons working on or near the course, or any of the 17th Kathmandu Marathon 2025 Organizing Committee, persons, officials, and NRS Sports Foundation Pvt. Ltd, or any persons associated with the event, etc. shall be liable;

(v) I waive and irrevocably agree not to hold me/my ward or my/my ward's representatives liable;

(vi) shall not hold the organizers and/or any of the event sponsors liable for loss of my/his/her entry form and/or entry for the event terms and guidelines.

If applicant is under 18 years as on November 2025

Guardian's Signature

Name & Relation of Guardian

Appilcation's Signature

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☐ Filled all Mandatory Fields (marked'*) ?

☐ Signed the Waiver ?

☐ Chooosen the race category (any one) ?

☐ Chooosen the T-SHirt Size (any one) ?

Checked by (Signature)