

The background of the entire page is a decorative border of dark grey silhouettes of tropical plants, including various types of palm fronds and clusters of small flowers, arranged in a circular pattern around the central text.

*Tropicolor*  
**THE COLOR RUN™**

Presented by  **CIMB BANK**

**RACE PACK COLLECTION**

10<sup>th</sup> to 12<sup>th</sup> Aug 2017

10:00am to 5:00pm

Padang Merbok

# INFORMATION

**Location:** Padang Merbok,  
Parliament Street, Kuala  
Lumpur, 50480 Kuala  
Lumpur, Wilayah  
Persekutuan Kuala  
Lumpur, Malaysia

**Date:** 10<sup>th</sup> August – 12<sup>th</sup> August

**Time:** 10am – 5pm



## Race Pack Collection Requirements

- If you come to collect a race pack for yourself: You are required to bring your confirmation slip and photo ID.
- You can also collect race packs for your friends provided they sign the attached Pick-Up Waiver, a copy of their ID and their confirmation email. A separate waiver is required for each pack you want to pick up.
- Participants under 18 are required to submit a release waiver with their parent's signature.

### **Race Pack Contents**

1. Event t-shirt
2. Bib number (Please remember to fill up your emergency contact on the back of the bib)
3. Headband
4. Tattoos
5. Sponsors Item

### **Items to be issued on the day**

1. Tropicolor medal with floral lanyard
2. Color Packet

**PLEASE TAKE NOTE THAT THERE WILL BE NO PACK  
COLLECTION ON RACE DAY**

# PICK UP WAIVER

**YOU DO NOT NEED TO FILL THIS FORM UP IF YOU ARE PICKING UP YOUR OWN PACK**

I,

\_\_\_\_\_

(YOUR NAME & ID)

give permission for this colorful person

\_\_\_\_\_

(HIS/HER NAME & ID)

to collect my event kit. I understand this event kit is my ticket to the event, and without it I will not be able to gain access onto the course. I know that this reliable and trustworthy person will not misplace or damage my precious event kit, as they know how important going to this event is for me. If this person does misplace or lose my kit I cannot ask The Color Run for a refund or a replacement. I will accept responsibility for my friends actions with my Color Run kit.

Signed and approved by a Color Runner,

Your signature:

\_\_\_\_\_

Date: \_\_\_\_\_

# RELEASE WAIVER

**FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE RELEASE WAIVER FORM AND COMPLETE THE FOLLOWING SECTION**

- The undersigned \_\_\_\_\_ (parent/guardian) is the parent and natural or legal guardian of \_\_\_\_\_ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to The Color Run event. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for an on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.
- NOTE: THE COMPLETED AND SIGNED RELEASE WAIVER FORM MUST BE SUBMITTED TO THE OFFICIALS DURING RACE PACK COLLECTION

\_\_\_\_\_  
**Printed Name of  
Parent/Guardian**

\_\_\_\_\_  
**ID/Passport Number of  
Parent/Guardian**

\_\_\_\_\_  
**Relationship to  
Minor**

\_\_\_\_\_  
**Contact Number of  
Parent/Guardian**

\_\_\_\_\_  
**Signature of  
Parent/Guardian**

\_\_\_\_\_  
**Date**