



U. P. Athletics Association

Affiliated to U.P. Olympic Association & Athletics Federation of India

Ref. No. : GM / 11 / 2017
Dated : 21st DECEMBER 2017

TO:

THE AFFILIATED UNITS
U. P. ATHLETICS ASSOCIATION

Dear Sirs,

It is my pleasure to inform you that the “**GORAKHPUR U.P. STATE HALF MARATHON CHAMPIONSHIPS 2018**”, shall be organized, by the Organising Committee of Gorakhpur Mahotsava 2018 and District Athletics Association Gorakhpur under the auspices of U. P. Athletics Association as per following details.

CHAMPIONSHIPS: GORAKHPUR U.P. STATE HALF MARATHON CHAMPIONSHIPS 2018.
DATE : 12th JANUARY 2018 (Friday)
VENUE: SPORTS STADIUM , GORAKHPUR (U.P.)
GROUPS & EVENTS: The details of Events are given below::

Groups

Men & Women – * Half Marathon – 21.097 Kms.

* Athletes born before 1st January 2000.

Boys & Girls - * Cross-Country – 5 Kms.

* Athletes born on or after 1st January 2000.

TECHNICAL:

This Half Marathon & Cross Country Championships shall be organised in accordance with the Rules & Regulations of Athletics Federation of India (IAAF * Competition Rules - 2016-2017). In case of any dispute the decision of the UCAA Technical Committee will be final and abiding on all.

PRIZES:

MEDALS to each first THREE winners.

MERIT Certificates to each first SIX winners.

SOUVENIR Certificates to all the participants who complete the races.

Cash Prizes – Half Marathon: Winners of places upto in Men & Women groups - 1st – 25,000/- * 2nd – 15,000/- * 3rd – 10,000/- * 4th to 6th places – 4,000/- each.

Cash Prizes – Cross-Country: Winners of places upto in Boys & Girls groups - 1st – 5,000/- * 2nd – 3,000/- * 3rd – 2,000/-.

PARTICIPATION:

The participants from all over Uttar Pradesh shall be allowed to enter.

PLACE OF STAY:

PLACE of STAY SHALL BE PROVIDED TO ALL THE OUTSTATION PARTICIPANTS (On demand)

The Bib Numbers will be distributed to the athletes as per following details:

Venue: Office of the Regional Sports Officer – Sports Stadium GORAKHPUR

For Local participants – on 10th & 11th January 2018 – 09.00 to 16.00 hrs.

For Outstation participants – on 11th January 2018 – 09.00 to 16.00 hrs.

CONTACT:

Organisational details - please contact **Sri Arunendra Pandey** – RSO Gorakhpur – (9935197197)

Technical Conduct details- please contact – **Sri N. D. Singh Solanki**, the Organising Secretary (9838002255).

Technical Manager – **Sri Mohd. Rustam Khan** (7905894451 & 9415351506)

Technical Delegate – **Dr. Ashok K. Gupta** (9412233448)

May I solicit your cooperation to make this Championship a success.

Yours Sincerely

Dr. Sanjay Tewari

Director

Copy to: **The Director** – U.P. Sports Directorate, Lucknow.



U. P. Athletics Association

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“GORAKHPUR U.P. STATE HALF MARATHON CHAMPIONSHIPS 2018”

APPLICATION FORM

Registration:

Name: Date of Birth:

Group & Event: MEN / WOMEN / BOYS / GIRLS – Half Marathon / Cross Country

Father's Name:

Bib Number

Address:

CHAMPIONSHIPS:

GORAKHPUR U.P. STATE HALF MARATHON CHAMPIONSHIPS 2018.

DATE :

12th JANUARY 2018 (Friday)

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SPORTS STADIUM , GORAKHPUR (U.P.)

RACE CATEGORIES:

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Declaration/ Waiver

I (Full Name), **declare, confirm and agree as follows that I/my ward**

- (i) have given true and complete information in this Registration form and me/my ward is/am solely responsible for the accuracy of this information.
- (ii) Have fully understood the risk & responsibility of participating in Gorakhpur U.P. State Half Marathon Championships 2018 and will be participating entirely at my/his/her risk & responsibility.
- (iii) Understand the risk of participating on a course with vehicular traffic, even if the course may be regulated/policed.
- (iv) For myself/ourselves and our legal representatives, waive all claims that may result from me/my ward participating in the event of whatsoever nature, whether on account of illness, injury, death or otherwise.
- (v) Shall provide to the Organisers such Medical data (including original Date of Birth Certificate) relating to me/my ward as they may request.
- (vi) In case of any illness/injury or death suffered by me/my ward due to any medical reasons during the race or at any time thereafter as a result of the event, any organisers will not be held responsible & liable by me/my ward or my ward's representatives.
- (vii) I/my ward understand and agree to the event terms and guidelines.

Name:

Signature Dated:

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