

|                                                                                                                                                                  |  |                                                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SURNAME                                                                                                                                                          |  | NAME                                                                                                                                            |  |
| DATE OF BIRTH (Day/month/year) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/> |  | SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>                                                                               |  |
| NACIONALITY                                                                                                                                                      |  | NIF/NIE/PASSAPORT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |
| CLUB                                                                                                                                                             |  |                                                                                                                                                 |  |
| ADDRESS                                                                                                                                                          |  | C.P.                                                                                                                                            |  |
| CITY                                                                                                                                                             |  | COUNTRY                                                                                                                                         |  |
| TELEPHONE                                                                                                                                                        |  | MOBILE PHONE                                                                                                                                    |  |
| E-MAIL                                                                                                                                                           |  | FAX                                                                                                                                             |  |

I make this inscription voluntary, accepting the competition rules and I declare myself responsible for any possible injury, physical or psichycal, that I might suffer due to the competition.

|                                                                                                                                                                     |             |                                                                                                             |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|--------------------------|
| INSCRIPCION DATE (Day/month/year) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> |             | Nº CHIP OWN                                                                                                 |                          |
| INSCRIPTION FEE 10 KMS PORT DE PALMA:                                                                                                                               |             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                         |                          |
| UNTIL 31 OCTUBER 2013:                                                                                                                                              | 10.00 Euros | Rental Chip 3 euros                                                                                         | <input type="checkbox"/> |
| 1 NOVEMBER UNTIL 31 DECEMBER 2013:                                                                                                                                  | 12.00 Euros | Purchase Chip 20 euros                                                                                      | <input type="checkbox"/> |
| 1 JANUARY UNTIL 28 FEBRUARY 2014:                                                                                                                                   | 15.00 Euros | T-shirt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |
| 1 MARCH UNTIL 20 MARCH 2014:                                                                                                                                        | 18.00 Euros | Size S M L XL                                                                                               |                          |
| AFTER INSCRIPTION CLOSURE:                                                                                                                                          | 24.00 Euros |                                                                                                             |                          |

**PAYMENT:**  
 A) CASH WHEN MAKING THE INSCRIPTION IN AUTHORIZED CENTRES  
 B) BANK TRANSFER TO:  
 BMN C.C. N.º: 0487-2007-7620-0000-8077 (ADJOIN COPY OF BANK RECEIPT)  
 C) ON LINE (BY CREDIT CARD) WEBSITE: [www.elitechip.net](http://www.elitechip.net)  
 D) CREDIT CARD (ACCEPTED: VISA, MASTER, EUROCARD)

|                                                                                                                               |                 |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | EXPIRATION DATE | <input type="text"/> <input type="text"/> <input type="text"/> |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------|

The C. M. Bikila Mallorca Toni Peña is authorized to charge  Euros when receiving this inscription form.

|                                            |
|--------------------------------------------|
| NAME, SURNAME AND SIGNATURE OF CARD HOLDER |
|--------------------------------------------|

SEND TO: C. M. BIKILA MALLORCA - TONI PEÑA  
 C/ Joan Alcover, 27 bjs. • Palma de Mallorca 07006 • Tel. y Fax: 00 34 971 46 50 23  
 E-mail: [info@marathonmallorca.com](mailto:info@marathonmallorca.com) / web: [www.marathonmallorca.com](http://www.marathonmallorca.com)



ON LINE: [www.elitechip.net](http://www.elitechip.net)  
 (10 KMS PORT DE PALMA)

Department Store EL CORTE INGLÉS (Sección deportes) Palma.  
 BIKILA: Avda. Gabriel Alomar i Villalonga, 27 bajos. 07006 Palma.  
 INTERSPORT KENIA: Av. Alexandre Rosselló, 7. 07002 Palma.  
 INTERSPORT ELITE: Rambla del Rei en Jaume, 14, & Av. Salvador Joan, 46. 07500 Manacor.  
 INTERSPORT ELITE: Av. Reis Catòlics, 57. 07300 Inca.  
 START NUMBER OUTGIVING: saturday, march 22th 2014, hours 11 - 20h, in department store EL CORTE INGLÉS de la Av. Alejandro Rosselló, 12-16, 7a planta, Palma.

# III 10 Kms

## Port de Palma

23rd March · 10:30 h

2014



ORGANIZER \_\_\_\_\_ SPONSORS \_\_\_\_\_



COLLABORATORS



# III 10 Kms Port de Palma

## COMPETITION RULES

**Start and finish:** Camí de S'Escollera of Palma City (Port of Palma in front of the Cathedral and at the same time as the Half Marathon Ciudad de Palma).

**Circuit:** One lap along the Paseo Sagrera, Paseo Marítimo and Autovía de Levante.  
Circuit will be closed to all normal traffic.

**Refreshment Stations:** Water at Km: 4 - 7.

**Time limit:** 1 hour after the start the controls will be closed.

**Minimum age:** 18 years (on the race day).

**Wardrobe:** There will be a wardrobe service for the athletes at the start and finish area.

**Controls:** The control will be made by champion chip by Elite Chip.

**Reclamations:** Should be made in writing and presented to the Organization within 30 minutes after the results have been announced.

**Classifications:** This competition will have one overall male classification and one overall female classification. The first three athletes in both categories will receive a trofee sponsored by Autoritat Portuària de Balears.

**Gifts:** Each athlete will receive a gift bag when collecting his starting number. Every athlete who reaches the finish line will receive a memorial item of the race. The athletes can download a certificate of the race results from the website [www.elitechip.net](http://www.elitechip.net)

**Medical services:** There will be a licensed doctor responsible for the medical services.

Athletes with medical problems as allergies, asthma, diabetes etc. should notify this fact to the Organization before the competition, when making the inscription; and also clearly specify the medical alert by writing on the back of the start bib.

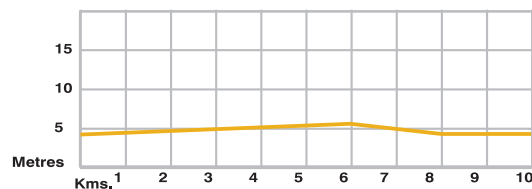
Athletes over 40 years of age are requested to be in possession of a medical certificate proving their aptitude for the competition.

**Ambulances:** There will be an ambulance service along the circuit, and at the start/finish area.

**Insurance:** All participants are covered by insurance for accidents. This insurance covers injuries due to the competition but not previous injuries nor damages caused by negligence, imprudence, disobedience of race norms nor so damages produced to and from the race.

**Race security:** The athletes should obey the indications made by the Local Police, the Harbor Police, and the Traffic Guards of the members of the Organization, being these responsible for the security of the athletes during the competition.

## PROFILE



# III 10 Kms Port de Palma

## TROFEES

### AUTORITAT PORTUÀRIA DE BALEARS

3 first male classified

3 first female classified

3 first male staff Port Palma

3 first female staff Port Palma

### AWARD FOR THE ABSOLUT WINNERS

(MALE AND FEMALE)

1 "serrano Ham" provide by

"BENITO RUIZ ALEMANY"

## GENERAL CONDITIONS

*The athlete accepts by making the inscription all the competition rules and all further indications made by the Organization*

*The Organization may disqualify or expel any athlete who disobeys the regulations, presents false or incorrect dates on the inscription sheet, do not complete the distance, shows an unsporty attitude towards other athletes during the race, etc.*

*The athletes are obliged to identify themselves on requirement of the Organization staff*

*The access to the race and circuit will be denied to any person who tries to take part in the competition without having made the inscription or does not wear the start bib visibly*

*All inscribed athletes declare themselves physically and psychically apt for the competition by signing the inscription sheet, and therefore make themselves responsible for any possible damage or injury*

*The Organization declines every responsibility for any physical, psychological or moral injuries suffered by the participants.*

## REMARKS

*1.<sup>a</sup> - The present Race Regulation is provisional and can be subjected to changes, in case of substantial changes these will be announced to the athletes before the competition.*

*2.<sup>a</sup> - If the race cannot take place on the programmed date due to causes beyond the will of the Organization the inscription fee will not be refunded, the athlete will remain inscribed to participate in the race in future date, which will be announced.*

*3.<sup>a</sup> - If the athlete cannot take part in the race due to personal and justified reasons (injury, illness, impossibility to be in Palma the race day, etc.), the Organization will not refund the inscription fee, but leaves the option to the athlete to pass the inscription to next edition of the race (therefore is necessary justify reason by writing and acceptance from the Organization)*