

KIRINYAGA UNIVERSITY

OFFICE OF THE DEAN OF STUDENTS

SOMESHA COMRADE *WALK 16/3/2022*

REGISTRATION FORM

Reg. No.

Bring this form to Dean of Students before 14/3/22

1. PERSONAL DETAILS

Full Name _____

Institution _____ Gender: Male ☐ Female ☐

Phone No. _____ E-mail _____

ID No _____ Reg. No./PF No. _____

2. NEXT OF KIN

Name _____ Relationship _____ Phone Number _____

3. INDEMNITY (all participants MUST sign)

I agree to participate on the understanding that in consideration of my acceptance of entry I, my heirs, successors and assigns do hereby unconditionally waive and release the University, the organizers, this walk sponsors and all persons and agencies connected with it from all claims and damages whatsoever that may arise from my participation in this walk, including without limitation personal injury. The organizers reserve the right to postpone this walk. I also confirm that I am medically fit to participate in this event.

Signature of participant _____ Date _____

FOR OFFICIAL USE ONLY - Registration Verification

(Bring this coupon for identification on 16/3/2022)

Name _____ Reg. No./PF No. _____

ID No. _____ Phone No. _____

Walk registration Kshs.

(Students 200, Staff 500, Corporate; up-to 9 people - 1,000 each, above 10 people - 20,000 for group)

Pay bill: 700065 Account: SOMESHA

Verification stamp
DoS/SGC/CoD/FO

Instructions

1. Download form from the university website
2. Pay registration fee through M-pesa pay bill 700065, account SOMESHA
3. Fill the form and take to the Dean of Students for verification.