

CRETE SENESI ULTRAMARATHON 5 May 2024
LIABILITY WAIVER FORM

for participating in a non-competitive athletics event for tourist-sporting purposes

Please read carefully and sign here below to confirm that you agree with the following:

- I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained.
- I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering on a non-competitive basis, and that I will conduct myself in a safe and prudent manner while participating in the event. I assume all risks of any injury, harm, loss, cost, inconvenience or other damage that may result from or be connected in any way to the run including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.
- If I am not in good physical condition, I will cancel my participation in the race or pay careful attention to my condition during the race.
- If I am injured, have an accident, or become sick during the race, I will have no objection to receive first aid.
- I agree to abide by any decision of a race official, including those relative to my ability to safely complete the run.
- I agree that the right to release any materials during the race, at the expo or associated event such as videos, photographs, articles, TV programs, newspapers, magazines, websites or posters and flyers for promoting the next events belongs to the organizer.

Having carefully read and understood this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release A.S.D. Gruppo Podistico Riccardo Valenti di Rapolano Terme (Siena) Italy, their officers, directors, agents, volunteers and employees, all states, cities, counties, the Municipalities and the Province of Siena or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of or in connection with my participation in this event even though that liability may arise out of negligence, carelessness, error or faults on the part of the persons named in this waiver.

I understand and agree that my participation in the event and any related activities shall be governed by and construed in accordance with the laws of Italy and that any disputes arising out of or in connection with the race shall be referred to the exclusive jurisdiction of the court of Siena, Italy.

I hereby comply with the terms described above and I confirm I can participate in the race.

Athlete Name _____

Born _____ on ____/____/____

Select the race type you will participate in (indicate with an X)		
<input type="checkbox"/> ULTRA 50K	<input type="checkbox"/> LONG 30K	<input type="checkbox"/> SHORT 15K

<p>EMERGENCY CONTACT IN CASE OF ACCIDENT</p> <p>Emergency Contact (Name and Surname) _____</p> <p>Telephone Number (Including international prefix) _____</p> <p>Known Allergies _____</p>

DATE ____/____/____

SIGNATURE _____

IN ITALY DIAL 112 ON YOUR MOBILE PHONE FOR EMERGENCY CALLS