

RELEASE OF LIABILITY

Date: ___/___/_____

First Name Last Name..... born on (dd.mm.yy) ___/___/_____
resident of country, city, street.
....., no., ap., identified with ID or Passport no., phone no:,
email address:

I hereby declare that as a condition of entry I accept that:

- the organisers and their agents cannot be held responsible for any injury or loss, however caused.
- I am fully aware of the risks involved and the degree of fitness required to take part. I do not currently suffer from any medical condition that would endanger my health during the event. I take full responsibility regarding my medical condition during my participation in Prima Evadare.
- I agree to participate in the mountainbike race Prima Evadare. I have read and understood it's Regulations and the risks of the race and agree with the terms and conditions imposed. Regulations can be found on the website www.primaevadare.ro/english;
- I have the required equipment for this type of competition (helmet and a bike in good operating condition)
- **The hiring of timing chips has a financial outlay and belong to EvoChip Hungary KFT. Once issued you are responsible for it's safe return. If you lose it then a charge of 100 LEI will be made to cover replacement paid to Clubul Sportiv NoMad Multisport.** If you abandon the race please return the timing chip to organizers.
- I was informed of all the technical details and risks of the race which I am fully aware. On the route can be met animals, motor vehicles or pedestrians.
- When on public roads the traffic regulations are applicable, even when racing, I agree to adhere to the instructions of the regulations and the indications of police officers as well as those of the event staff on the race track. I confirm that my bike is road/off-road worthy and I am aware that the wearing of a **helmet is mandatory.**
- I understand that my personal details will be stored by organizer. I understand that my name, age group and gender will appear on the public list of competitors for the event. I also understand and accept that images taken at the Prima Evadare may be used by the organizer.
- I consider myself capable of completing this challenge.*

* If you have any medical conditions these should be brought to the attention of the organizer. We suggest that participants with an on-going medical condition consult their GP or a medical professional prior to entering.

Participant Signature

Witness Name / Signature