

27. - 31. JULY 2016



SLOVENIJA



5 days, 3 countries!

ITALIA



ÖSTERREICH



FITNESS CERTIFICATE TO PRACTICE COMPETITIVE SPORT AND LIABILITY WAIVER FORM

I, undersigned:

First name: _____

Last name: _____

Date of birth: _____

Place of birth: _____

declare that:

1. I fully understand that orienteering is a potentially hazardous activity due to possible risks which include but are not limited to: considerable physical efforts (possibly in high humidity/heat), insect stings, falls in rough rocky terrain etc. I should not enter and run unless I am medically able and properly trained.

2. I am therefore voluntarily participating, with knowledge of the risks, in the 5-day orienteering event called OOCup 2016, that will take place from July 27th to July 31st, 2016, in the forests around Grascelitzen (Austria), Laghi di Fusine (Italy) and Soriška planina (Slovenia). I assume and accept full responsibility for myself, for the inherent and other risks (both known and unknown) of the activities.

3. Further, I hereby certify that I am in good health, physically fit and that I have trained sufficiently to run the race, which I am entering. I declare that within the last year's period, I undertook the necessary medical examinations and have been deemed suitable for competitive sports. I am fully capable of participating in orienteering race without causing harm to myself or others. I have not been advised not to take part in this activity by a qualified medical person.

4. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this orienteering race, I, for myself and anyone entitled to act on my behalf, waive and release the Event organizer, Društvo ROT, including its officials, event directors, volunteers, employees, from all claims or liabilities, for any injury, damage, death or any other loss possibly arising out of my participation in this Event and/or false declaration in this form.

5. Further, I authorise organizer staff, representatives, contractors or other medical personnel to obtain or provide medical care for me and to provide treatment (including but not limited to Heli-vac rescue, hospitalisation, blood transfusions, surgery and medications) they consider necessary for my health. I agree to pay all costs associated with that care and transportation.

6. I understand and agree that if I am signing as the participant's legal guardian, I must have the legal authority to act for the participant and on their behalf.

LEGAL GUARDIAN NAME (if athlete is under 18)

DATE: _____

ATHLETE or LEGAL GUARDIAN (if athlete is under 18) SIGNATURE:
