

RESPONSIBILITY TERM RIO MARATHON 2019

() Marathon 42K () Half Marathon 21K () 5K () 10K

I declare that I will participate in this event, taking the responsibility for the data I informed, that I totally accept the Competition's Rules, that I am participating by free and spontaneous will, and that I am aware of my physical and mental health status and of the need of seeing a physician before the competition, in order to assess my real participation conditions. I further declare that I have been properly training, and I assume my transportation, lodging and meal, insurance expenses and any other required by or resulting from my participation in the competition, before, during and after it.

I authorize the use by the organizer, sponsors and ticket sales company of any sign, photograph, film or other recording containing images of my participation in this event, in any media, whether printed or electronic, including on the Internet, for any purpose and for an indefinite period, waiving any compensation or indemnity. I further authorize, under the same conditions, the disclosure efforts to be performed by the Event Organizer, such as sending informative and promotional messages about this competition and other competitions related, and from its sponsors, supporters and participant companies through email, letter, text messages, among others, to my phones and addresses registered by me or whoever made my registration.

I understand that the entire material and equipment required for my participation in this event are under my full responsibility, both for attaining and for keeping and caring for them.

I accept not to carry and use no political, promotional or advertising material, nor signs that may be seen by other participants and the audience attending within the areas authorized for circulation and participation without written authorization from the organization, nor carry dangerous material or object that risks the event's and/or people's and structure's safety.

I declare that I will not run the competition if I am physically incapable, poorly trained or unwell in the week prior to the competition or on the day of it, and I keep the event organization, as well as all promoters and organizers, safe and harmless against any civil responsibility, in my name and of my heirs and successors, taking all risks associated to running in this event, including, but not limited to, the effects of time, falls, accidents and contact with other competitors, volunteers or the audience.

I authorize further any member of the Health Care Team of the competition to take care of me, as well as performing all the diagnosis procedures required for such service. I am aware that the competition's Health Care Team has as only purpose serving the medical occurrences happening during the competition and taking the patients to the hospitals designated, and it is not responsible for my medical assessment prior to the competition, which is of my exclusive responsibility.

RESPONSIBILITY TERM IN RESPECT TO THE USE OF DISPOSABLE CHIP AND BIP NUMBER

I am responsible for:

- ✓ Check if my registration data indicated in the envelope containing my "CHIP" are correct, and, if not, inform the competition's organization for correction;
- ✓ Fix the chip on my shoe on the day of the competition, according to the use instructions, seeking the organization's staff if I am in doubt on how to proceed;
- ✓ Not to forget about using the bip number, which is mandatory during the competition, by fixing it on the frontal part of my uniform, at the chest height;
- ✓ Using the mandatory "CHIP", being subject to the penalty of disqualification, or not having my time registered in case of failure;
- ✓ Not to exchange or borrow my "CHIP", nor my bip number to other competitor, subject to the penalty of disqualification;
- ✓ Not to cut, scratch, fold or damage the chip, so that it has perfect answer or reading in the system.

I am aware that the "DISPOSABLE CHIP" to be supplied for my participation in the contest will serve only for this competition, and I will not be able to use it in other competitions. As it is disposable, it is not necessary to return the chip;

AUTHORIZATION FOR TAKING DISPOSABLE CHIP, BIP NUMBER AND KIT BY THIRD PARTIES

I authorize _____, holder of document type _____, n° _____, to take my Chip, number and kit for the competition, and I am fully responsible for his/her acts before the event's organization.

By signing this document, I declare and confirm my full agreement with the items above.

FULL NAME:			
BIP Nº:	ID DOC. Nº:	ISSUER AGENCY:	PHONE: MOBILE:
DATE: ____ / ____ / ____		SIGNATURE:	