



I have registered for the upcoming running event STEFANIK TRAIL held on May 22.-24., 2020.

As far as my participation is concerned I hereby proclaim that

- I am acquainted with the terms and conditions of my participation in the race as well as with the track itself and the safety rules to which I shall conform, and that during the race I will respect the instructions of the organization staff.
- I am well aware of the difficulty level of the race, and the length and the elevation of the track for which I have been aptly prepared
- I am not aware of any health issue which would prevent me from participating in the race
- I participate in the race wholly at my own risk and with full responsibility for any health issues or injuries I may encounter during the race or in connection therewith
- I take full responsibility for any damage to the health or property of the organiser, or other racers, or any third persons incurred by them prior to, during, or after the race as a result of my action or due to my fault
- Organisers have no responsibility whatsoever for any injury I may suffer during the race

Pursuant to Act 18/2018 Coll. on personal data protection, I hereby grant the event organiser, URBAN SERVICES, s.r.o. and its authorised staff, approval and explicit consent to the

- Processing of my personal details, specifically the use of my name, surname, address, year of birth, telephone number, and email address for the purpose of participant registration, time measuring and creating and storing of final standing report
- Use of my telephone number for the purpose of contacting me in case health or safety are in danger during the race or in any other emergency situation
- Use of my email address for sending me information prior to and after the race
- Use of any photographic, sound and visual recordings made by the event organizers or other persons mainly for the purpose of their publishing in media, websites, or in promotion materials related to the event without the need of obtaining from me an author statement and without any compensation

I have read and fully understood this declaration in witness where of I set my hand.

Name and surname:

Born:

Address:

I am insured with (state the name of the insurance company):

Date:

Signature: