



ENTRY FORM



Race: Deca, DD, Triple Deca, 1x30, single iron, marathons, ultra marathons) _____

Name _____

Swimming Time in 1 km. _____ Swimming Time in 3.8 km. _____

Address _____ City _____

State _____ Country _____ Zip Code _____

Tel home _____ Fax home _____

Tel office _____ Fax office _____

E-Mail _____ Birth date _____

Sex _____ Age _____ Team _____

T Shirt size: S M L XL

Best Ultra triathlon races:

Waiver: I realize there are risks associated with competing in this event and in consideration of our accepting in this entry, I, the below signed, intending to be legally bound for myself, my heirs, executors and administrators, waive and against any persons, organizations, officials, and / or sponsors of the event that I will participate, named above, and their representative, successors, and assigns for any and all injuries suffers by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. Further, I grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures and recordings of me, or other record of this event.

For legitimate purpose. Also, I understand that the race Director has the right to reject any entry form and pull out any athlete from the race.

Signature _____ Date _____

MEDICAL CERTIFICATE

I, Medical Doctor _____, hereby
(Doctor's name, last name and title)

certify that _____, triathlete,
(Athlete's name, last name)

is in good health and has no clear or in any way known contraindications to me
due to which I would not recommend him/her to participate or object to his/her participation in
the Ultra Triathlon Italy event.

On the day of collecting the race package, the athlete undertakes to deliver blood tests carried
out no later than seven days before the date of the race;
the analyzes must indicate the hematocrit values.

Date _____ Signature and Stamp _____

MEDICAL QUESTIONNAIRE

Do you have any current or recurrent medical problems for which you are being seen by a doctor?

YES ___ NO ___ If yes: _____

Are you on any medication?

YES ___ NO ___ If yes: _____

Are you allergic to any medication?

YES ___ NO ___ If yes: _____

Are you hypersensitive to insect stings?

YES ___ NO ___ If yes: _____

Comments: _____

WAIVER, RELEASE AND INDEMNIFICATION STATEMENT

In consideration of being allowed to participate in any way in the Ultra Triathlon Italy, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the **Ultra Italy** is significant and includes, but is not limited to, the following: Drowning, near-drowning, sprains, strains, fractures, heat and cold injuries, over-use syndrome, injuries involving vehicles, animal bites and stings, contact with poisonous plants, accidents involving, but not limited to; swimming, biking, running, or other convenience, and the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation to the fullest extent of the law.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the organizers of **Ultra tri Italy**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I further state that I am in proper physical condition to participate in this event and am over 18 years of age (or have a parental waiver).

6. The Releases reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the releases which might affect the health or safety of the participants. No refunds will be granted.

7. I grant permission for the use of my name and or likeness related to my participation in any event conducted by the organizers, I also grant the use of my voice and any and all recorded and or filmed/video/photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.

8. The organization does not accept responsibility for refunds for cancellations in the event of natural or national emergencies. Natural emergencies may include, but are not limited to severe weather including heavy rain, snow, tornados, hurricanes, river flooding, heat spells and cold spells. National or international emergencies may include, but are not limited to military conflicts, terrorist attacks, security threats, war, & heightened security alerts.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTOOD ITS TERMS, UNDERSTOOD THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARTICIPANT DATE

PRINTED NAME OF PARTICIPANT

FOOD

We would like very much to know what you'd like to eat and drink before, during and after the race. Please be as specific as you can, we will consider your options for our menu: