



DISCLAIMER 21K BUENOS AIRES 2020

I declare that I am in good health, free from adverse medical conditions and am adequately trained to participate in this racing event. I will accept any and all decisions taken by the authorities of the event about my physical capacities to complete it. I assume all risks associated with my participation in the event, including but not limited to injury due to falls, contact with other participants, weather conditions and their consequences such as temperature and/or humidity, traffic and road conditions, all being clearly identifiable risks which I can personally evaluate.

After reading this declaration, knowing the facts and in consideration of my acceptance of the terms to participate in the event, or the acceptance by person(s) acting on my behalf with my authority, I indemnify the organizers of the event, volunteer helpers, the Government of the City of Buenos Aires and the Sponsors, their representatives and successors of any and all claims or responsibilities of any kind that might arise from my participation in this event including any loss resulting from theft or robbery.

I accept that the organizers of the event have the right to suspend it or to amend the dates without notice and to increase or reduce the number of registered entries due to technical and practical considerations.

I accept and understand the regulations pertaining to this event and by virtue of my signing this disclaimer I agree to comply with all its requirements and obligations which thereby enable me to accept the provision of the prescribed racing kit which I shall wear during the event.

In accepting the regulations I acknowledge and voluntarily accept the award and prize presentation procedure and the division of entrants into categories. I further understand that T-shirt sizes and bracelets or the identification of starting times are related to stock available at the time of allocating racing kit to competitors. I authorize the event organizers and the Sponsors to use photography, including movies and videos and any other form of media, during this event for legitimate purposes without obligation to pay monetary compensation to those photographed.

Número de Dorsal / Bib Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

NOMBRE Y APELLIDO/FULL NAME:

FECHA DE RETIRO DE KIT/PACKET PICK-UP DATE:

DNI/CI/PASSPORT:

FIRMA/SIGNATURE:

INFORMACIÓN OBLIGATORIA / MANDATORY FIELDS:

TELÉFONO PARA CONTACTO DE EMERGENCIA/EMERGENCY PHONE No.:

NOMBRE CONTACTO DE EMERGENCIA/EMERGENCY CONTACT PERSON:
