



LIABILITY EXCLUSION FORM

- Mr.
- Mrs.
- Ms.

Name, surname: _____

Born in (city, country) _____

Date of birth (dd/mm/yyyy) _____

I hereby confirm that I am starting at LAKE GARDA 42 (marathon/half marathon) at my own risk and that the organizer doesn't assume the health liability.

I declare with my signature that I have trained sufficiently for participation in this competition and I am physically healthy.

Place: _____

Date (dd/mm/yyyy): _____

Participant's signature: _____