

LIABILITY EXCLUSION FORM

0	Mr.
0	Mrs.
0	Ms.
Name, surname:	
Born in (city, country)	
Date of birth (dd/mm/yyyy)	
Ιh	ereby confirm that I am starting at X-BIONIC LAKE GARDA 42
(m	narathon/half marathon) at my own risk and that the organizer doesn't
as	sume the health liability.
Ιd	leclare with my signature that I have trained sufficiently for participation
in	this competition and I am physically healthy.
Pla	ace:
Da	ate (dd/mm/yyyy):
Pa	articipant's signature: