

LIABILITY EXCLUSION FORM

0	Mr.
0	Mrs.
0	Ms.
Name, surname:	
Вс	orn in (city, country)
Da	ate of birth (dd/mm/yyyy)
Ιh	ereby confirm that I am starting at PEAK LAKE GARDA 42
(m	narathon/half marathon) at my own risk and that the organizer doesn't
as	sume the health liability.
١d	eclare with my signature that I have trained sufficiently for participation
in	this competition and I am physically healthy.
Da	ate (dd/mm/yyyy):
	(dd///////////////////////////////////
Рa	rrticipant's signature: