# TRAIL RUNNER STATEMENT OF RESPONSIBILITY FOR THE MARATÓ DELS DEMENTS, MITJA DELS DEMENTS D'ESLIDA AND MITJA DELS DEMENTS D'AIN

As a mountain racer I declare:

- That I am physically prepared for the race, enjoy good health in general, without suffering from illness, physical defect or injury that may be aggravated by my participation in Dements. If during the test I suffered any type of injury or any other circumstance that could seriously damage my health or threaten my life, I will inform the Organization as soon as possible.
- That I am aware that Dements is not an initiation test to the trail, which takes place in the natural environment, in places of difficult control and access and that this entails an additional risk for the participants. Therefore, I attend my own will and initiative fully assuming the risks and consequences arising from my participation.
- That I have sufficient physical capacity, dexterity and survival resources to guarantee my own safety, under the conditions of semi-self-sufficiency in which the test takes place. Also, I have the sports equipment and safety required by the organization and I promise to take it during the test.
- That I dominate and commit myself to comply with the security rules and protocols established by the "Marató dels Dements" Organization in which I am going to intervene, as well as to maintain responsible behavior that does not increase the risks to my integrity. I will follow the instructions and abide by the decisions taken by those responsible for the Organization in matters of security.
- What do I know about the obligatory use of the geolocation application that the organization puts at our disposal?
- That I have read, understood and accepted the rules of evidence as well as this list of responsibilities.
- That I participate voluntarily and under my own responsibility in the test. Therefore, I exempt or exempt from any responsibility the Organization, collaborators, sponsors and any other participants, for any physical or material damage and, therefore, I waive to exercise any established legal action.
- That I agree to follow the general guidelines of safety and respect for the environment, moving cautiously along roads and tracks open to traffic, respecting the route marked for the test, not deteriorating the natural environment and not dumping or abandoning objects or waste outside of the places enabled for their collection.
- That I authorize the Organization of the test to use any photograph, film or recording that I take, provided that its use is exclusively related to my participation in this event.
- That my race number is personal and non-transferable, so no third party can take it, I will not transfer or sell it, even if I can not attend the race.
- That I know that mountain races, especially long-haul and high accumulated slope, require athletes to practice a series of techniques that must know and apply with skill, as well as a high physical effort that requires a good physical condition and an adequate preparation. Due to these requirements, participating athletes can put their health at risk, especially when their clinical history includes some of the diseases that contraindicate participation in the test, such as angina-like ischemic heart disease or acute myocardial infarction, poorly controlled hypertension or heart disease. intensive, cardiac valvulopathies, arrhythmias or heart failure, loss of consciousness of unknown cause, alterations of balance, habitual medication that contraindicates the demanding effort in this race as diuretics, problems or diseases that affect mobility, knowledge or suspicion of any another disease that contraindicates physical sports such as, for example, pulmonary, vascular, diabetes, etc.

From all the above I remain informed by accepting this Statement of Responsibility and I GIVE MY CONSENT to participate in the test. I also give my consent to follow the indications that the doctors and health of the organization consider most appropriate when my health may be affected by the development of the test.

In Eslida to November 16, 2019
Firm:

Signed: _____
DNI: _____-____