



LIABILITY STATEMENT

FIRST NAME AND LAST NAME:
PERSONAL ID NO:
ID CARD: SERIES NUMBER
AGE:
DATE OF BIRTH:
SEX:
TELEPHONE:
E-MAIL ADDRESS:

Dear Participant,

By filling in and signing this form you choose to participate, in compliance with the competition rules, in the "TRANSFAGARASAN CHALLENGE" amateur cyclists competition on 08.07.2024.

Liability Statement

By signing this document you take responsibility for participating in the "TRANSFAGARASAN CHALLENGE" amateur cyclists competition on 08.07.2024. The organizer is not responsible for any possible accident. We kindly inform you that you need to be medically fit to take part in a endurance competition. Even if the public roads on which the competition takes place will be restricted to traffic, signing this document will require you to comply with the traffic regulations. The organizer shall not be liable for any medical problems a participant may have along the route. In the event of an accident, the organizer shall undertake to provide first aid as soon as possible.

By signing this statement, I confirm that I have read, taken note of and understood the provisions, rules and information in the brochure and the competition rules.

I agree with the above and declare that the contact details provided are real.

Date:
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Signature: