

1 - Accident Waiver and Release of Liability / Release of Name and Likeness

Brazil 135 Ultramarathon

One for the runner and each crew member

RUNNER

BIB#:

NAME:

CREW

NAME:

ATHLETE:

NUMBER:

VOLUNTEER

NAME:

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by wild animals, transmissions of yellow fever, dengue, malaria and others, terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, unknown people, participants, volunteers, spectators, journalists, coaches, event officials, and event monitors, and/or producers of the event. The risks are not only inherent to athletics, but are also present for volunteers and support staff. I hereby assume all of the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained and prepared for participation in the event and have not been advised otherwise by a qualified medical person. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that all medical and/or emergency evacuation costs for participants or crews will be borne by that person or their heirs. The race organizers and sponsors are in no way liable or responsible for medical costs or emergency evacuation.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Mário Lacerda, Eliana Gama da Costa e Sa Lacerda, Tathiana Ribas, its parent, subsidiaries and affiliated companies and each of the respective officers, directors, employees, agents and representatives of the foregoing, Brazil 135 Ltda, Maria da Penha Gama da Costa e Sa

Lacerda, the city of São João da Boa Vista, Paraisópolis, the state of Estado de Minas Gerais and the country Brazil, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, as well as any and all involved municipalities or other public entities, (and their respective agents and employees); (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. I understand that at this event or related activities, I may be photographed, filmed, and/or videotaped. I agree to allow my name, photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

I have read, understand, and agree to abide by the rules of the event. I declare that there is no penalty of mine before the national and international sports organs, being able to participate in this event.

I understand that all motor vehicles used either for personal support or for any other event purpose at the Brazil 135 Ultramarathon must be covered by at least the minimum legal requirements of property damage and personal injury liability auto insurance for the country of Brazil.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. I understand that this AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand its content. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature: Date : __/__/____

Name :

Address Phone :
.....

City and State Post Code Country:
.....

E-mail:

I Want to receive our "Virtual Brazil 135" E-Mails?

Yes: No:

Already do!

Emergency Contact

Name:

Phone: