



**“8<sup>th</sup> Italoamerican Interforces Championship 21K”**

**Registration Form for individual athlete:**

**NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **please mark the following membership :** \_\_\_\_\_

**MILITARY CORPS: (NATO BASE) (US NAVY) (NON-MILITARY PERSONNEL)**

**COMMON WAIVER, RELEASE, AND AUTHORIZATION**  
**Applicable to ASD Napoli Road Runners Events & Activities**

**WAIVER OF LIABILITY:** I am voluntarily entering or agreeing to be a volunteer at one or more ASD Napoli Road Runners races, classes, or other event(s), as well as activities related thereto (collectively, the "Events"). I agree not to enter into or volunteer at any of the Events unless I am medically able and properly trained. I agree to abide by any decision of an Event official relative to my ability to safely complete any Event.

I recognize that participation in the Events is a potentially hazardous activity and I willingly assume all risks associated with such participation, including, but not limited to, falls; contact with other participants, spectators or others, or vehicular or other traffic; the effects of the weather, including heat and/or humidity, wind, cold temperature, and wet or icy surfaces; falling tree branches or other overhead objects; traffic; and the crowded nature and other conditions of the course, all such risks being known and appreciated by me.

Having read this Waiver and knowing these facts, and in consideration of your acceptance of my application for the Events, I, for myself and anyone entitled to act on my behalf, waive and release ASD Napoli Road Runners, UISP, TDS Timing Data Service and its constituent associations; the Cities of Bacoli, Pozzuoli and Naples its agencies, departments and officials; and all sponsors and officials of the Events; and the employees, volunteers, including medical volunteers, and other representatives, agents, and successors of each of the foregoing (the "Releasees"), from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Events, even though such claim or liability may arise out of negligence or fault on the part of any of the Releasees.

I further acknowledge that ASD Napoli Road Runners reserves the right to change the details (such as the date, start time, course, and distance) of, and amenities offered at, the Events at any time for any reason and I hereby waive and release any claims that I may have as a result of any such changes.

**AUTHORIZATION:** I grant to the Medical Director of the Events and his designees permission to administer or arrange for any medical assistance that they deem necessary or appropriate as a result of my participation in the Events, including without limitation, arranging transportation to a hospital or other medical facility. I also grant them access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me at any such medical facility as a result of my participation in the Events.

**PUBLICITY RELEASE:** I grant permission to the Releasees to use or authorize others to use any photographs, motion pictures, video or sound recordings, or any other record of my participation in the Events, including my name, for any purpose without remuneration.

Date \_\_\_\_\_ Signature \_\_\_\_\_

