

Bohemian Gran Fondo Cycling Event in Český Krumlov October 4, 2014

Participant Declaration

Contestant's Registration no.: _____

Name and Surname (IN PRINT): _____

Selected Route (BGF, CKF, MHF) _____

The Bohemian Gran Fondo cycling event is a sporting and charity event for the broad sports community. The length and difficulty of all three routes at Bohemian Gran Fondo require regular and long-term training and experience of the participants. The event is held at full traffic and participants shall observe the Road Traffic Code.

A selected cycling route at Bohemian Gran Fondo held on 4 October 2014 in Český Krumlov and its vicinity is hereinbelow referred to as the "Selected Endurance Ride".

I have hereto affixed my signature to:

1. Give my express consent to administering first aid and providing medical care to me if I should be injured or have suffered health problems during my participation in the Selected Endurance Ride.
2. I declare that I am over fifteen years (15) of age if my Selected Endurance Ride is Mamma HELP Fondo (MHF) for 46 km, or over eighteen years (18) of age for any of the Bohemian Gran Fondo routes, and I am capable and I do not suffer any disease, disability, injury, or any other health, mental and other disorders or complications that should prevent me from participating in the Selected Endurance Ride, or that might pose health and safety risks to me, other participants or any other persons.
3. I have taken out health insurance.
4. I declare that I am properly trained and fit, I have experience in cycling and I am able to participate in my Selected Endurance Ride.
5. My participation in the Selected Endurance Ride is voluntary.
6. I am aware of risks arising out of my participation in the Selected Endurance Ride, in particular my potential injury or health problems. I am especially aware of a potential occurrence of accidents due to route conditions, a collision with other contestants or participants in road traffic, or the crowd, and risks arising out of high physical strain, weather, environment and route conditions.
7. I declare that I shall follow the principles of prevention before, during as well as after finishing my Selected Endurance Ride, i.e. I shall make my best efforts to prevent any damage to health, property or rights of myself and other persons. If I encounter any unusual or specific risk with imminent damage during the Selected Endurance Ride, I shall make the utmost efforts to eliminate or mitigate it by myself, and protect the health,

property or rights of myself and other persons, and I shall inform the promoters thereof, I shall contact rescue teams or make any other provisions to eliminate risk, or if the risk cannot be fully eliminated, I shall make my best efforts to reduce or minimize the risk and potential damages.

8. I declare that if I should incur any damage due to my participation in the Selected Endurance Ride, I shall waive the right for compensation against the race promoters, sponsors, agents or representatives of promoters, or any other persons involved in organization of the race.
9. I agree and entitle the promoters of Bohemian Gran Fondo to use photographs, video and audio records of myself (hereinafter referred to as the "Portrait") as made immediately before, during and immediately after finish of my Selected Endurance Ride without any claim for compensation, but solely for promotional purposes of Bohemian Gran Fondo in press media, the Internet, TV, radio, or through advertising leaflets, posters, presentations or any other media. If used, no data would be provided on my Portrait to allow my identification without my prior express consent.

I have hereto affixed my signature to confirm that I recognize:

1. The promoter is not responsible for route conditions if said route leads by roads owned by any third party, or off roads on land of any third party.
2. The promoter has the right to postpone, suspend or cancel the Bohemian Gran Fondo Event, or change its date and place, or alter specific routes thereof due to weather conditions, or for any other reason beyond their control which might pose risks to health and safety of participants and/or their property.

In witness of my true, freely-expressed intent and agreement with the text hereof which I read and understand, not in duress and conscious of the consequences associated therewith I have affixed my signature hereto.

Signature _____

Date _____

Contact person in emergency:

Name and Surname (IN PRINT): _____

Telephone: _____