

STATEMENT OF RESPONSIBILITY - RIO MARATHON

() 42K Marathon () 21K Half Marathon () 5K () 10K () 21+42k Challenge

I hereby declare that I accept and agree with the terms of the competition's regulations, published on the event's website, and that I participate in this event taking responsibility for my info, participating of my own free will, being aware of my physical and mental health status and the need to consult a doctor before the test, to evaluate my real conditions of participation through routine clinical exams and echocardiogram exams and exercise tests, having trained properly, assuming my transport, accommodation and food expenses, insurance and any other expenses necessary or arising from my participation in the event, before, during and after the same.

I recognize that all the material and equipment necessary for my participation in this event are entirely my responsibility, both in obtaining them and their safekeeping and zeal. I expressly authorize the use of my images, which may be collected during this event, by the Event Organizer and its staff and its eventual successors, for advertising, related and dissemination purposes, waiving any remuneration or indemnification. I also authorize, under the same conditions, the dissemination actions that the Event Organizer may carry out, such as the sending of informative and promotional messages of this event and other similar events and of their sponsors, supporters, and participating companies via email, letter, SMS texts, among others, to my telephone numbers and addresses registered by me or by those who signed up for me.

I agree not to carry and use, within the areas authorized for my circulation and participation, any political, promotional, or advertising material or signs that can be seen by other participants and the public present without the written authorization of the organization, as well as not carrying material dangerous or object that jeopardizes the safety of the event and/or of people and structures.

I affirm that I will not run the race if I am medically disabled, poorly trained, or unwell the week before the race or on the day of the race. I exclude from all liability on behalf of myself, my heirs and successors, the organization of the event, as well as all promoters and sponsors, in case it runs without conditions, assuming all risks associated with running in this event, including, but not limited to, the effects of weather, falls, accidents and contact with others competitors, volunteers or spectators.

I also authorize any member of the Medical Team to assist me and perform on me all the diagnostic procedures necessary for such care. I am aware that the Medical Team of the race only aims to deal with the medical complications that occur during the race and the removal of those assisted to the designated rear hospitals, not being responsible for my medical evaluation before the race, which is my responsibility.

The Rio Marathon follows the health rules defined by the Municipality of Rio through the Municipal Health Department.

STATEMENT OF RESPONSIBILITY REGARDING THE USE OF BIB NUMBER

I take responsibility for:

- ✓ Check if my registration data on my bib number is correct and, if not, look for the organization for the proper correction.
- ✓ On the race day, use the bib number according to the usage guidelines. If I have questions about how to proceed, I should contact the organization's staff.
- ✓ Do not forget to use the bib number, which is mandatory during the race, affixing it to the front of my uniform at chest height.
- ✓ I am aware that I will be disqualified or not have my time recorded.
- ✓ Do not exchange or lend my number to another runner, as I know that one of the penalties is a disqualification.
- ✓ Please do not cut the number, scratch it, bend it with a crease, or damage it to have a perfect response or read in the system.

AUTHORIZATION FOR THE KIT AND BIB NUMBER PICK UP BY THIRD PARTIES

I hereby authorize _____, bearer of document type _____, No. _____, to collect my race number and kit, assuming full responsibility for their actions before the event's organization.

By signing this document, I confirm that I fully agree with the items described above.

FULL NAME:			
CHEST NO.:	IDENTITY NO.:	ISSUING AUTHORITY:	PHONE #: MOBILE #:
DATE: ____/____/____	SIGNATURE:		