

**To the organizers of
MTB rally "Rocks & Roll"**

Personal data:

From/ name, surname /
Address:
Date of birth: Tel : e-mail:

I hereby declare that:

1. I'm physically healthy and have the riding skills to attend the event.
2. I realize that my participation in the race carries a potential risk to my health and my life. The main risks may be caused by, but not limited to, the terrain, random objects, my personal physical condition, weather, traffic. With this statement I prove that I am aware and I accept the risks that I take in my participation in MTB Rally "Rocks & Roll".
3. I declare that my participation in the race I'll be physically healthy / but my actions will not be against a medical prescription.
4. With this declaration I undertake on my behalf, on behalf of my staff, colleagues, relatives and other heirs;

/ A /: To be exonerated of responsibility the organizers, sponsors, other participants for my death, disability, physical injuries, damage, theft of property and other misfortunes that may befall me.

B / Individuals and legal entities mentioned in this paragraph, shall be indemnified and protected from any claims and complaints of third parties as a result of my actions during the event in which I participate.

With this declaration I give my consent to receive medical treatment for injury, trauma or illness during my participation in the organized event, to be transported by a Mountain Rescue Service and I am aware that the intervention of the Mountain Rescue Service raises financial commitment on my part according to the officially established price list of BMRS (Bulgarian Mountain Rescue Service), unless I am a holder or a valid and up to date Mountain Health insurance covering co-assistance.

This declaration of discharge of responsibility is applied within the laws of the Republic of Bulgaria.

I declare that I have read and agree with the contents of this declaration of participation in MTB Rally "Rocks & Roll".

Signature:

DATE:

Note: If you are under 18 years you are to submit a declaration from your parent or tutors.

Parent or tutor of the minor / under 18 /.: The undersigned parent / tutor, stating that he / she, as such agrees to discharge all parties listed above from any liability, claims, any loss, damage which may be claimed from the parties mentioned above and release responsibility of those parties on behalf of the minor and parent / tutor.

Name and surname of parent or tutor:

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Date of birth :.....

DATE:

Signature :.....

The declaration must be filled in by hand!