



## 20° Mezza Maratona "Città di Palmanova" SELF-DECLARATION, HEALTH CHECK-LIST AND TERMS&CONDITIONS

**Important information:** this form must be printed, filled in with capital letters, signed and then scanned. We will not accept computer-filled forms!

In compliance with the Italian Law, Article 47 of D.P.R. n. 445/2000, I, the undersigned (Runner):

<b>Name</b>	
<b>Surname</b> (Family Name)	
<b>Born in</b> (City)	
<b>On the</b> (DD/MM/YYYY)	/ /
<b>Nationality</b>	
<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Address</b> (Street, Number, ZIP, City)	
<b>Country</b>	

Signature of the Runner:



Well aware of the criminal liability in case of mendacious declaration as provided for by the Italian Law, Article 76, Presidential Decree n. 445 of 28 December 2000, **I declare that:**

1. I will pay attention to my health, keep myself in good physical condition and train sufficiently before I participate at the race. My participation will take place under my self-responsibility. **I will also use the mandatory pre-race Health Check list**, reported below, to confirm my physical condition. If I am not in good physical condition, I will cancel my participation.
2. If I am injured, have an accident, or become sick during the race, I will have no objection to receive first aid. I will fill out all the medical information and emergency contact details reported on this form, as I know they are important details to help me in case of need.
3. Nobody will run on my behalf. If somebody should run on my behalf, I will not hold the organizers responsible for any accident he or she may have during the race. If it should be revealed that somebody ran on my behalf, I will comply with the organizers' instructions, including cancellation of any official commendation or ban from future entries for Eventi Sportivi Palmanova events.
4. I register without any failure or deceit in my application, including entry qualifications or participation time limit for this race.
5. I agree that the right to release any materials during the race or associated event such as videos, photographs, articles, TV programs, newspapers, magazines, websites or posters and flyers for promoting the next Eventi Sportivi Palmanova events belongs to the organizer only.
6. I will enter the start area from the designated entrance gate; it is strictly prohibited to enter from other gates or other places.
7. I have read, understood and I accept the terms and conditions set forth, the official rulebook available on the website and agree to abide by them as a condition of my participation.

**A HEALTH CHECK is required before participating in 20° Mezza Maratona “Città di Palmanova”. Each runner must check the following and join the race on his/her responsibility.**

- a) Please consult immediately your primary care doctor/physician/general practitioner and ask if you are fit to participate in the race if any of the following items (a.1 to a.6) are applicable to you. Before running, please, have a physical examination and a cardiac examination under the supervision of your primary care doctor/physician/general practitioner. You are not required to submit any medical certificates. This health check list is aimed to assist your own health check. If you join the race, you are responsible for your actions.
- a.1. Are you currently undergoing treatment for, or have you ever been diagnosed with a cardiac disease (myocardial infarction, angina pectoris, cardiomyopathy, valvular disorder, congenital heart disease, irregular heartbeat, etc.)?
  - a.2. Have you ever suddenly lost consciousness (fainted)?
  - a.3. Have you ever felt chest pain or dizziness when you were training, running or practicing any sport?
  - a.4. Have any of your relatives suddenly died because of a so-called “heart failure” (sudden death)?
  - a.5. Has it been more than a year since your last physical examination?
  - a.6. Do you suffer, or have any of your relatives suffered, of epilepsy or seizures?

**IF YOU ANSWERED YES TO ONE OR MORE OF THE A.1-A.6 QUESTIONS, ASK YOUR PRIMARY CARE DOCTOR/PHYSICIAN/GENERAL PRACTITIONER IF YOU ARE FIT TO PARTICIPATE BEFORE APPLYING FOR THIS RACE.**

- b) The following items (b.1 to b.5) are risk factors for myocardial infarction and angina pectoris. Please consult immediately your primary care doctor/physician/general practitioner and ask if you are fit to participate in the race if any of these are applicable to you, and keep your physical condition stable before participating in the race.
- b.1. Is your blood pressure high and/or do you suffer from hypertension?
  - b.2. Is your blood-sugar level high, or have you ever been diagnosed with diabetes?
    - > If you have been diagnosed with diabetes, while running or during your everyday life, have you ever suffered from hypoglycemia?
  - b.3. Do you have a high LDL cholesterol level or have a high neutral fat level (hyperlipemia)?
  - b.4. Do you smoke?
  - b.5. Do you suffer from asthma?

**IF YOU ANSWERED YES TO ONE OR MORE OF THE B.1-B.5 QUESTIONS,** you have to discuss with your primary care doctor/physician/general practitioner your required physical examinations before participating, and based on the results he/she will tell you whether you are able to participate or not in the race. Your primary care doctor/physician/general practitioner can help you manage your health and physical condition.

I, the undersigned, declare that I hereby comply with the terms&conditions written above, and after reading the health check list I confirm I am fit to participate in the race.

Signature of the runner: \_\_\_\_\_



Name and surname of the runner in capital letters: \_\_\_\_\_

<b>PLEASE FILL IN THE FOLLOWING PART – IN CASE OF EMERGENCY (ICE) CONTACT</b> <b>We suggest you to take a copy of this part with you during the race.</b>	Your BIB Number
Emergency Contact, Name and Surname	
Relationship and Nationality of Emergency Contact	
Telephone Number (Including international prefix)	
Pre-existing Medical Conditions	
Known Allergies	

**In Italy dial 112 on your mobile phone for Emergency Calls.**