

DECLARATION OF DISCHARGE

I, the undersigned, realize that this sporting event / race is an extreme test of mind and body and carries a potential threat to life, serious injuries and property damage. The main risks may be caused by, but not limited to: terrain, facilities, random objects, equipment, gear, my personal physical condition, weather conditions, fire, forest animals, traffic, from the acts of third parties such as, but not limited : participants, volunteers, spectators, officials, organizers, sponsors. These risks relate both to athletes and volunteers who participate.

By signing this declaration, I declare that:

- (1) I am aware of the risks I take when participating in sporting event / competition as a competitor or volunteer;
- (2) I realize that I can be harmed due to negligence or carelessness of others , dangerous or defective equipment or property owned and controlled by third parties or liability without fault;
- (3) I am physically fit, have the necessary skills to participate in the race and that my actions do not contradict the prescription;
- (4) I agree with this Declaration of discharge to be used by the organizers and sponsors of the event, in which I take part and declare that I am responsible for my actions during a sporting event / competition;
- (5) As a registered participant in a sporting event / competition with this declaration I commit myself, my family, relatives and heirs;
- (6) I undertake to respect unconditionally all decisions and orders of the organizing team, authorized volunteers and responsible persons at any time of the conduct of the event / competition, whether concerning the organization of the event or my personal participation;
- (7) Should be exempted from liability organizers, sponsors, spectators, other members in case of my death , disability, physical trauma, for material damage and other misfortunes that can befall me during the event or on the way to the place of the event / competition ;
- (8) All mentioned in item 7 persons and entities to be compensated and protected from any liabilities or claims of third parties as a result of my actions during the event;
- (9) I hereby consent to receive medical care in case of injury, trauma or disease during the event, to be transported by MRS or other authorized medical service provider, and am aware that some of these activities are at extra cost and others could be covered by the insurance policy.

This declaration of discharge applies under the laws of the Republic of Bulgaria. I declare that I have read and understood the contents of this statement.

Name:

Date:

Signature: