

Valtellina Wine Trail Waiver Form (Signature Required)

I know that trail running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official, including those relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering on a non-competitive basis, and that I will conduct myself in a safe and prudent manner while participating in the event. I assume all risks of any injury, harm, loss, cost, inconvenience or other damage that may result from or be connected in any way to the run including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, terrain and condition of the trails, all such risks being known and appreciated by me. Having carefully read and understood this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release Valtellina Wine Trail SSD Arl, their officers, directors, agents, volunteers and employees, in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of or in connection with my participation in this event even though that liability may arise out of negligence, carelessness, error or faults on the part of the persons named in this waiver. I understand and agree that my participation in the event and any related activities shall be governed by and construed in accordance with the laws of Italy and that any disputes arising out of or in connection with the race shall be referred to the exclusive jurisdiction of the courts of Sondrio, Italy.

Athlete Name: _____ Date: ____ / ____ / ____

Athlete Signature: _____ BIB number _____

Parent Signature (if under 18): _____

Someone else picking up your packet? They must bring this PERMISSION SLIP signed by you to Packet Pick- up along with a copy of your photo ID.

I, _____, hereby authorize the holder of this document (Athlete/participant name, please print clearly)

permission to pick up my race packet which includes my race bib and timing chip.

Signature: _____ Date: ____ / ____ / ____

42KM
1760 D+

21KM
900 D+

12KM
550 D+



SABATO 11 NOVEMBRE 2023