STRAGARDALAKE
RUN YOUR DREAM

LIABILITY WAIVER FORM

Certificate of eligibilityfor participatingin a non-competitive athletics event
for tourist-sporting purposes.

HEALTH CHECK LIST AND TERMS

Please read carefully and signhere belowtoconfirm thatyou agree withthe following:

1) I (Participant) will pay attention to my health, keep myself in good physical condition, and train sufficiently before I participate in the race. My participation will be with self-responsibility. I will also use thepre-race Health Check list, reported below**, to confirm my physical condition.
Iflam not in good physical condition, I will cancel my participation in the race or pay careful attention to mycondition during the race.

2) I flam injured, have an accident, or become sick during the race, I will have no objection to receive firstaid. I will fill out all the medical information and emergency contact details reported on the back sideof the bib number, as I know there 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 entries for the event in future.

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, at the expo or associated event such as videos, photographs, articles, TV programs, newspapers, magazines, websites or posters and flyers for promoting the next events belongs to the organizer.

6) I will enter the start area from the designated entrance gate. (It is prohibited to enter from other gates).

7) I have read the terms and conditions set forth in events rules reported on the online registration form and on the website and agree to abide by them as a condition of my participation.

****A HEALTH CHECK is recommended before participating in the event.**
Each runner must check the followings and join the race on his/her responsibility.

A) Please, consult your primary care doctor about participation in the race if any of the following items (1 to 5) are applicable to you.
Please, have a physical examination and a cardiac examination under the supervision of your primary care doctor.
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.

1) Are you currently undergoing treatment for, or have you ever been diagnosed with a cardiac disease (cardiac inflation, angina pectoris, cardiomyopathy, valvular disorder, congenital heart disease, irregular heartbeat, etc.)?
2) Have you ever suddenly lost consciousness (fainted)?
3) Have you ever felt chest pain or dizzy when you were exercising?
4) Has your relative suddenly died because of a so-called "heart failure" (sudden death)?
5) Has it been more than a year since your last physical examination?

B) The following items (6 to 9) are risk factors for cardiac infarction and angina pectoris.
Please consult your primary care doctor if any of these are applicable to you, and keep your physical condition stable before participating in the race.

6) Is your blood pressure high (hypertension)?
7) Is your blood-sugar level high, or have you ever been diagnosed with diabetes?
8) Do you have a high LDL cholesterol level or neutral fat level (hyperlipemia)?
9) Do you smoke?

Your primary care doctor is the physician closest to you who can help you manage your health and physical condition. Carefully choose your primary care doctor and discuss your required physical examinations, and whether or not you can participate in the race.

Ihereby comply with the terms described above and after reading the health check list I confirm I can participate in the race.

ATHLETE NAME (must be signed by the runner) _____

EMERGENCY CONTACT IN CASE OF ACCIDENT

Name of the contact _____
Phone number _____

DATE _____ *SIGNATURE*_____