LIABILITY WAIVER

RELEASE OF LIABILITY & MEDICAL HISTORY

Mandatory for participation in the race
AUTHENTIC PHEIDIPPIDES RUN 490 – 525 km

A. PERSONAL DETAILS

Full Name: _____

ID / Passport No: _____ Nationality: _____

Date of Birth: ____ / ____ / _____

B. MEDICAL INFORMATION & EMERGENCY CONTACT

Emergency Contact Person: _____

Emergency Contact Phone: _____

Blood Type: _____

Allergies (Food / Medication / Stings): _____ _____

_____

Chronic Conditions / Current Medication: _____

_____

Have you undergone a cardiovascular check-up in the last 12 months? YES ☐ / NO ☐

PERSONAL PHYSICIAN DETAILS:

Physician's Full Name: _____

Specialty: _____

Phone (Mobile / Clinic): _____

DOCTOR'S SIGNATURE & STAMP

_____

C. DECLARATION AND RELEASE OF LIABILITY

I, the undersigned, hereby declare and confirm that:

1) **Health Status:** I am in excellent health and my physical condition allows me to participate in ultra-distance races involving extreme physical exertion.

2) **Risk Awareness:** I fully understand the nature, challenges, and rigors of the 490 - 525 km route, and I assume full and exclusive responsibility for my participation.

3) **Release of Liability:** I hereby release and hold harmless the Athletic Cultural Club "AUTHENTIC PHEIDIPPIDES RUN", its Board members, sponsors, and volunteers, from any and all liability regarding injury, loss of life, or property damage occurring during or as a result of the race.

4) **Medical Consent:** In case of emergency, I provide my full consent to the event's medical staff to perform any necessary medical procedures to protect my health and safety.

5) **Personal Data & Media:** I explicitly consent to the processing of my medical data by the event organizers and medical personnel, strictly for the purpose of providing medical care and ensuring my health protection during the race. I authorize the use of any photographs or video footage featuring me, for the promotion of the Club and its activities.

6) **Safety Regulations:** I pledge to follow the instructions of the route officials and always adhere to safety regulations.

D. DATA PROTECTION & PRIVACY

In accordance with the EU General Data Protection Regulation (GDPR) 2016/679, the organizers of the "Authentic Pheidippides Run" hereby inform you that the medical information provided in Section B is collected solely for your safety and to ensure immediate medical assistance in case of emergency during the race. These sensitive data are subject to medical confidentiality and will be accessible only to the event's medical staff and authorized members of the organizing committee. Your medical data will not be shared with any third party (except for emergency services if required) and will be securely destroyed following the completion of the event.

Date: ____ / ____ / _____

Participant's Signature:

_____