

REGISTRATION EVENT - SPARTACUS SPORT EVENT

Completed in block and attach receipt of payment .Send all by fax : +39.031-8120248 or email at spartacus@otc-srl.it

Lisence

Team Code

Event name and Date

Team Name

Institution

agonistic medical certificate (attached on the registration)

Surname

Name

sex

Date of birth

Fiscal Code

Nationality

M F

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/

Address

Number

City

Zip Code

prov

Country

Phone

Mobile

email

Note

Share

Amount

€

I declare that the information provided are correct, aware that any false statements will lead to my expulsion from the event, I have looked through the rules of the event and I totally accept that it will discipline the relationship between me and the organizer or OTC Srl taking charges therein; I authorise the processing of my personal information to the organizer and to OTC Srl in relation to the organization of this event.

Date _____ Signature _____

I declare to be aware that this event involves intense and prolonged efforts and normal and predictable risks are associated to the activity and I commit myself to address the activity in appropriate conditions; I raise the organizer of the event from the compensation for any losses arising from normal and foreseeable risks to the activity, except the right to obtain the insurance settlement in the cases provided by the insurance policy; to authorize OTC Srl to send information about sport in the interest to athletes to enable the use of photographs, films, recordings, resulting from my participation in the event for any legitimate purpose, including advertising.

Date _____ Signature _____