

**Runners Application Form
Volcano Trail 2011**

Photo

Surname:

Name:

Date of birth:

Age:

Address:

City:

Post Code:

Country:

Home telephone numb:

mobile numb:

email:

Vest size:

S

M

L

XL

Past experience in outdoor races/Trail (details):

-
-
-
-
-

How did you know about Sicily Vulcano Trail (please specify):

- Friends:.....
- Internet:.....
- Press or magazines:.....
- Others:.....

Room typology (please tick the appropriate box):

Double bed Twin Bed Triple room Four bed room

Please mention the companion you want to share the room with:

-
-
-

Participant declaration:

Having read the programme and the general rules I agree to them. I know that participating and running Volcano Trail is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Event. I am voluntarily entering and assuming all risks associated with participating in the Event including, but not limited to, falls, contact with vehicles, other

participants, spectators or others, the effect of weather and the conditions of the road etc. I grant my permission to use photographs, motion pictures, recordings, or any other record of my participation in the Event for any legitimate purpose without remuneration.

Date:

Signature:

Health and Insurance Form Volcano trail 2011

Surname:

Name:

Blood Group:

Vaccinations:

Actual Treatments:

Serious illness during the last 3 years:

-
-
-

Chirurgical Operations:

-
-
-

Name of your attending doctor:

Telephone numb of your attending doctor:

S	M	L	XL
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Person to contact in case of emergency:

Name:

Tel:

Mobile:

Email:

Your insurance:

Tel:

Number of enrollment:

Other information:

This certificate is strictly confidential. This copy will be handed to the race doctor. (Please, enclose a health certificate).

Note: *I declare to have the health certificate that states that I am fit to participate to skyrunning/trail whose nature and rules I know. Also, I declare that such a certificate has been stated according to the privacy Italian law 196/03.*

Date:

Signature:

**Application form for traveling companions
Volcano trail 2011**

Surname: _____ **Name:** _____
Date of birth: _____ **Age:** _____
Address: _____ **City:** _____
Post Code: _____ **Country:** _____
Home numb: _____ **Mobile numb:** _____
E-mail: _____ **Vest size:** S M L XL

How did you know about Sicily Volcano Trail?

- Advice by friends:.....
- Internet:.....
- Press or magazines:.....
- Others:.....

Room typology (please tick the appropriate box):

Double bed Twin Bed Triple room Four bed room

Please mention the athlete/companion you want to share the room with:

-
-
-

Note: I authorise the staff to use pictures and film shot during the race. I authorise the use of such material according to the privacy Italian law 675 - 31/12/96.

Date: _____

Signature: _____