

# KOKOL ULTRA 2024

## Release and Indemnity Form

This is an important document which affects your legal rights and obligations. You must read it carefully prior to signing to make yourself fully aware of the risks and responsibilities associated with partaking in the race. To enter, please sign and bring along to the race pack collection together with a copy of your IC / Passport.

Participant Name: ..... Bib No: .....

Nationality: ..... IC/Passport No. ....

Mobile Phone: ..... Race Emergency Phone: .....  
(Carried during race)

Emergency Contact Info: Name: .....

(Contactable in case of emergency)

Mobile: ..... Email: .....

In consideration of my entry to the KOKOL ULTRA 2024 (herein referred to as the Event), I agree to this release of claims, waiver of liability and assumption of risk.

1. I have read and agree to the race information, rules and regulations and other information provided on the race website and in race briefing notes for the Event.
2. I declare, as a condition for entry to the Event, that I am physically fit for the Event and that I am not aware of any illness, injury or other physical disability which may cause me injury or death while participating in the Event. If I become aware of any medical condition or impairment that may put me at risk during the Event, I will withdraw from the race.
3. I understand the physical nature and remoteness of the Event. I understand that participating in the Event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event.
4. I agree that if I am injured or require medical assistance beyond the capabilities of the race course medic teams on site, the Event Organizers may, at my cost, arrange medical treatment and emergency evacuation as deemed necessary by the race medical teams and Event Organizers.
5. I agree that I am responsible for my own medical insurance during the Event.
6. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.
7. I understand that my medical history and personal information, collected as part of the entry process for the Event, maybe made available to the Events medical team and operations team to assist in the case of any medical emergency.
8. I agree to allow my name, results, photographs, videos, multimedia or film likeness to be used for any legitimate purpose by the Event Organizers without payment or compensation.
9. I agree to abide by the Event Rules and the directions of Event Officials.
10. I acknowledge that the Event Organizers may change the advertised course without notice if the Event Organizers deem this necessary.
11. I will carry all the compulsory equipment with me and abide with the environmental rules of no littering and looking for crops at all times.

Participant Signature: ..... Date: .....

Guardian Name: .....  
(If under 18 years old)

Guardian Signature: .....