

K2 CICLOSTORICA



REGISTRATION FORM REGISTRATION FEE

DATE EVENT	Registration ON-LINE until june 9	Registration in UDINE 15-16 june 2019
16 june 2019	€ 25,00	€ 30,00

DETAILED PROGRAM OF THE EVENT ON WEBSITE: www.gsk2.it

I, the undersigned:

surname	name
birth date	birth place
address	
city	country
telephone number	mobile number
e-mail	

I DECLARE

- 1- To be aware of the risk, predictable/unpredictable related to the practice of cycling, considered that the roads are open to traffic and to be aware that this event is not a competitive race, but it is bike ride in free excursion, with use of historical bike, vintage clothing and accessories.

DATE	SIGNATURE
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- 2- To know and respect the laws laid down by the Highway Code.

DATE	SIGNATURE
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- 3- To assume any liability with regard to my person for personal injury or damage to other persons (or things) due to my behavior that does not comply with the rules of good use of bicycle or objectively irresponsible. For me, as well as for my heirs with cause, to raise the A.S.D. G.S. K2, his collaborators, his managers, as well as their heirs who are responsible for any injury, death or other any damage (also caused by third parties) should result to my person for the activity cycling held during the event.

DATE	SIGNATURE
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- 4- To have read with attention this **FORM** and to have clearly understood the meaning of each individual point before signing it. I fully agree with the purposes of these rules established for my safety and that not respecting them can pose, both me and my partner, in a dangerous situation during the excursion. I declare to allow the use of data also by the GIDE, according to the D.L. 196 of 30 June 2003, and the use of photographs, images and videos deriving from my participation in the event (including advertising without mild place, time and means and in an exclusive/free way) renouncing right now to any future request.

DATE	SIGNATURE
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- 5- To have read and carefully evaluated the **REGULATION** of the event (on site www.gsk2.it) and to have clearly understood the meaning of each individual point.
To be in possession of **Medical Certificate for No-Competitive Sport Activity** (good and strong constitution), or **Agonistic Card** and to have individual insurance coverage.

DATE	SIGNATURE
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CONDITION REQUIRED/NECESSARY TO PARTECIPATE TO K2 CicloStorica

NO-AFFILIATED (or foreign) with Medical Certificate for Sporting Activities NOT-Competitive

AFFILIATED with: Federation..... Team..... Card N°.....

For effect of articles 1341 and 1342 of the Civil Code, I declare to approve specifically the 1, 2, 3, 4, 5, paragraphs of this writing

DATE	SIGNATURE
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Send e-mail to info@gsk2.it with enclosure:
this **FORM** filled (dates/signatures), copy of **BANK TRANSFER** and **MEDICAL CERTIFICATE** (or competitive card)

