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## **17 JAAM Run for Longevity Form**

Name		Gender	
Date of birth		Age	
Affiliation			
Email address			
Running experience	YES / NONE	Expected time	

I consent to the precautions of the pledge described below before participating in the above event.

The responsibility for accidents will lie with me, and I completely absolve the organizers from any and all liability.

### **The pledge**

1. I (participant) have no heart disease or other illness (excluding visual impairment). I look after my health and will participate in the event after sufficient training.
2. My family, relatives or guardians agree to my participation in the event.
3. When the organizers judge that it is difficult for me to continue running and instruct me to discontinue running during the event, I will immediately follow their instruction.
4. I agree to receive emergency treatment if I am injured, have an accident, or become taken ill during the event.
5. I agree to exempt the organizers, planners and relevant persons from any responsibility and to be compensated only by the sports insurance provided by the event in the event that I am injured, have an accident, or fall ill during the event, regardless of the cause, or in the event that I develop sequelae after such an injury, accident or illness.
6. Neither I, my close relatives, administrators, and so on shall claim for any damage, howsoever caused.
7. I will not have a substitute participate in the event. Even if a substitute does run in my place, if he or she has an accident during the event, I will exempt the organizers from any responsibility. In addition, if it is found out that a substitute has participated in the event in place of myself, I will follow the organizer's instructions such as award cancellation.
8. The organizer reserves the right to use any photographs of me taken during the event.

**Signature of participant:** \_\_\_\_\_

\*Signature required to participate in event.