

LIBERATORY

SURNAME _____ NAME _____

I DECLARE THAT I HAVE READ AND ACCEPTED THE SARDINIA TRAIL RULES AT www.sardiniatrail.com

I ALSO DECLARE UNDER MY OWN RESPONSIBILITY THAT I AM AT LEAST 18 YEARS OF AGE AS OF MAY 8TH 2026, THAT I KNOW AND ACCEPT THE SARDINIA TRAIL REGULATIONS, AND THAT I AM IN POSSESSION OF A MEDICAL CERTIFICATE VALID AS OF MAY 8TH-9TH-10TH 2026 ATTESTING MY PHYSICAL FITNESS ACCORDING TO THE UISP REGULATIONS ISSUED BY AN ACCREDITED SPORTS MEDICAL CENTRE. I AM AWARE THAT PARTICIPATING IN SPORTING EVENTS IN GENERAL IS POTENTIALLY A RISKY ACTIVITY. I DECLARE THAT I WISH TO REGISTER VOLUNTARILY AND THAT I ASSUME ALL RISKS ARISING FROM FALLS, CONTACT WITH VEHICLES, OTHER PARTICIPANTS, THE PUBLIC OR OTHER, EXTREME WEATHER CONDITIONS, FORCE MAJEURE EVENTS, TRAFFIC AND ROAD CONDITIONS, PATHS, CART TRACKS CROSSED BY THE RACE ROUTES OR OTHER. I FURTHER DECLARE THAT ALL OTHER RISKS HAVE BEEN ASSESSED AND ACCEPTED BY ME. BY ACCEPTING THE REGISTRATION ON BEHALF OF MYSELF AND NO ONE ELSE, THE UNDERSIGNED RELEASES AND DISCHARGES THE ORGANISING ASSOCIATION, THE PROMOTING BODIES, THE COLLABORATORS AND ALL SERVICE PERSONNEL ON THE ROUTE, THE MUNICIPAL ADMINISTRATION OF THE TERRITORIES CONCERNED, ALL SPONSORS OF THE EVENT FROM ALL PRESENT AND FUTURE CLAIMS AND FROM LIABILITY OF ANY KIND, KNOWN OR UNKNOWN, ARISING FROM PARTICIPATION IN THE EVENT. ONCE I HAVE ACCEPTED THE REGISTRATION, I WILL NOT MAKE ANY CLAIM FOR REIMBURSEMENT EXCEPT TO THE EXTENT PROVIDED FOR IN THE REGULATIONS.

FOR ANY DISPUTE WITH THE ORGANISATION, THE COURT OF CAGLIARI SHALL HAVE JURISDICTION.

DATE 07/05/2026

SIGN _____

