Registration Card 44th GutsMuths-Rennsteiglauf Event 21 May 2016

Please tick																		
Races	HM	М	SM]					Ba	rcod	e Sti	icker	or C	Chip	No.			
Nordic Walking	N17	N35		-														
Hiking	W17		4															
Junior-Cross	JC																	
Student	Yes																	
Name, First Name		_																
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Address																		
Postal Code	I	City														_		
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Club/University																		
Date of Birth (dd.mm.yyyy) Times Participated to Date Member									er of	2								
												Re	nnste	eigla	ufve	rein		
Sex Contact (email /	Telephone)																	-
MF																		

Statement of Agreement

By signing this statement I accept the event rules printed in the Race Announcement for the 44th GutsMuths-Rennsteiglauf. I accept the event organiser's disclaimer of liability. I will not assert any claim against the event organiser, host, sponsors or any third party on account of any loss, damage or injury I may suffer as a consequence of my participation. I expressly confirm that I am in good health and have health insurance cover, and that I am in a sufficiently trained state of fitness. I agree to be removed from the race if I should be found to be risking damage to my health, or if the event time requirement is exceeded. Also, I agree that the data provided for my registration may be used for timing, placement, and start and result list compilation purposes, and that any photographs, film and video footage made of me may be published without any remuneration.

I confirm the above information provided by me to be correct and I declare that I will not pass my bib number on to any other person. I am aware that my data will be stored in digital form in accordance with the German Data Protection Act.

Date, Signature (I accept the event rules)

Rennsteiglauf GmbH, Vesserstr. 19-21, 98711 Schmiedefeld Creditor Identifier: DE86XXX00000231027										
One-off collection authorisation or SEPA direct debit mandate	Payment by credit card (Mastercard or Visa)									
I authorise Rennsteiglauf GmbH to collect payments by direct debit from my account. Simultaneously I instruct my banker to debit my account with the amount drawn by debit request by Rennsteiglauf GmbH. Note: I may demand refund of the debit amount within eight weeks of the debit date. The conditions agreed with my bank shall apply. First name and Name (Account Holder) Address Postal code, City IBAN D E D E Date	Card Number									
Signature										