

**OCR EUROPEAN CHAMPIONSHIPS, HUNGARY****June 8-11, 2023****WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE**

In consideration of my (“I”, “my” or “myself”) and/or on behalf of my child/ward’s (each a “Ward”)

participation as a competitor, volunteer (or other staff member) and/or spectator (any of the foregoing, a “Participant”) in this event managed by The Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség), from now on the event I, on behalf of myself and Ward, acknowledge, accept and agree the following:

A. The risk of serious injury and/or death from the activities involved participating in any Event, as a Participant, is significant and may include, without limitation, the following: (i) drowning; (ii) near-drowning; (iii) sprains; (iv) strains; (v) fractures; (vi) heat and cold injuries, including burns, heat-related illness and hypothermia; (vii) over-use syndrome; (viii) injuries involving the acts or omissions of other Event participants or vehicles; (ix) animal bites and/or stings; (x) contact with poisonous plants; (xi) accidents involving, but not limited to, paddling, climbing, biking, hiking, skiing, snow shoeing, travel by boat, truck, car or other convenience, falling from heights; (xii) heart attack; (xiii) diseases from exposure to fecal contaminated water or slurry; (xiv) disease or illness, including COVID-19 or any other disease resulting from the SARS-CoV-2 virus, due to exposure to other Participants or a Releasee (as defined herein); (xv) permanent paralysis; and/or (xvi) death. While particular rules, equipment and/or personal discipline may reduce this risk, the risk of serious injury and/or death does exist.

B. AFTER THE OPPORTUNITY TO FULLY INFORM MYSELF ABOUT THE EVENT, ON BEHALF OF MYSELF AND MY WARD, I (undersigned) KNOWINGLY, VOLUNTARILY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OR ACT OR OMISSIONS OF THE RELEASEES, as hereinafter defined, or others, and assume full responsibility and all risks for myself and/or my Ward’s participation in the Event.

C. I knowingly and voluntarily agree to comply with any stated customary terms and conditions (which have been made available to me) for Participant’s participation in an Event. If, however, I observe an unusual and/or significant hazard during my presence at the Event, I will remove myself or my Ward from participation and bring such hazard to the attention of the nearest Event official.

I undertake that I will use the obstacles at the race in compliance with all governing rules and safety regulations, and also - taking into account my own physical and mental abilities - as intended. I undertake to comply with all of the preliminary and on-site, written and verbal information on overcoming obstacles and declare that I will comply.

I declare that during the race I am not under the influence of alcohol, medication, drugs or other mind-altering substances, and that I do not have any health impairment, nor do I suffer from any disease that would prevent me from using the obstacles placed in the race as intended, or that would cause danger to myself or others. I declare that I have the physical and mental qualities necessary to participate in the race, especially appropriate discipline, self-assessment, and the ability to assess risks.



I declare that before arriving at the obstacle during the race, I will carefully make sure that the fastening device is visibly safe and in proper condition. I understand that I can only start overcoming the obstacle if I do not detect any visible damage or unfit for intended use on the fastening device.

D. COVID-19: By signing this Waiver, I acknowledge the contagious nature of the SARS-CoV-2 virus (the “novel coronavirus”) and voluntarily assume the risk that I, on behalf of myself, and, if applicable, my Ward, may be exposed to or infected by the novel coronavirus by attending and/or participating in the Event, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to the novel coronavirus or persons with the COVID-19 disease at the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other Participants or any Releasee. I knowingly and voluntarily agree to comply with and adhere to all necessary and required COVID-19-related safety and risk mitigation practices during my attendance and participation in the Event, whether communicated verbally or in writing. Such practices may include, but are not limited to: (i) recognized social distancing practices (i.e. maintaining 1,5 meters of space between myself and other individuals); (ii) wearing a proper face mask; and (iii) washing hands and/or using hand sanitizer frequently and avoiding touching of the face. I acknowledge and agree that my, or my Ward’s, compliance with these safety and mitigation practices is not only for my own benefit but also for the benefit of other Participants and the Releasee parties at the Event. I voluntarily assume the risk that I, on behalf of myself, and, if applicable, my Ward, may be exposed to the novel coronavirus or persons with the COVID-19 disease as a result from a failure to comply with such practices. Further, notwithstanding the foregoing, I agree that I will neither attend nor participate in an Event if I have: (i) tested positive for COVID-19; (ii) shown any symptoms of COVID-19; or (iii) have been in close contact with a person known to have COVID-19 (or any known symptoms thereof).

E. To the fullest extent permissible by applicable law, I, on behalf of myself, and/or my Ward (if applicable), and our respective heirs, assigns, spouses, partners, personal representatives and/or next of kin, forever UNDERTAKE THE FULL RESPONSIBILITY, RELEASE, DISCHARGE and COVENANT NOT TO SUE the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) and their respective owners, officers, directors, employees, contractors, representatives, agents and affiliates and, as applicable, any direct or indirect parent or subsidiary, predecessor, successor, heir, assign, media partners, associated charity, sponsor or medical providers of any of the foregoing (collectively, the “Releases”) WITH RESPECT TO ANY SUITS, CLAIMS, OR LOSS AND ALL INJURY, DISABILITY, DEATH, AND/OR LOSS OR DAMAGE TO PERSON OR PROPERTY, IN CONNECTION WITH MY OR MY WARD’S PARTICIPATION IN THE EVENT, WHETHER ARISING FROM THE NEGLIGENCE OR WILLFUL CONDUCT OF THE RELEASEES OR OTHERWISE. I further agree to indemnify, defend and hold harmless releasees from any loss liability, cost, claim and/or damages arising from Participant’s participation in or association with the Event, including, but not limited to, reasonable attorney’s fees. I, on behalf of myself, and/or my Ward, attest and verify that: (i) unless indicated below, I am over 18 years of age and am legally signing on behalf of myself or, if applicable, Ward; (ii) Participant is free from all illnesses, injuries and defects that could interfere with any person’s (including his or her) safe participation in an Event; (iii) Participant is physically fit and sufficiently trained to participate in all activities associated with the Event; and (iv) on the date of the Event, Participant will possess and be covered by medical/health insurance, individually or as part of an organization. I acknowledge that Participant, and I, as Ward’s parent/ legal guardian (if applicable), am aware and informed of the inherent risks in participating in the Event and that Participant’s participation in an Event is entirely voluntary.



F. I, on behalf of myself, and/or my Ward, consent to administration of first aid and other medical treatment and related services, including evacuation/transport, in the event of injury or illness in connection with participation in the Event and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment and/or services. I further consent and agree to obtain, furnish and allow, if required, the use and disclosure of my personal health information by such providers in connection with rendering services and or treatment, and to sign any additional documents that may be requested by such providers, in connection such information or services.

G. The Releasees reserve the right, in their sole determination, to postpone, cancel, or modify the Event due to weather conditions or other factors beyond the control of the Releasees that might affect the health and/or safety of Participants. the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) will not be obligated to refund any Participant any registration fees due to a cancelled Event.

H. I, on behalf of myself, and, if applicable, my Ward, irrevocably grant unlimited permission to Releasees to use, reproduce, sell, disseminate and distribute any and all photographs, images, videotapes, motion pictures, recordings, or any other depiction of any kind of Participant or my or Ward's participation in an Event or related activity for any marketing purpose in perpetuity and I understand that Participant will not be entitled to any compensation in connection therewith. I further hereby irrevocably and absolutely grant permission to the Releasees to film, videotape and record the performance of the Participant in the Event and subsequently to telecast, sell, distribute and otherwise utilize the same in whatever manner Releasees shall deem appropriate. Such permission shall include granting the unlimited and irrevocable rights to Releasees, without compensation of any kind to Participant, to use, reproduce or broadcast, Participant's name, nickname, image, likeness, voice, photograph, in connection with the Event. I acknowledge that Releasees shall have unlimited right throughout the world to copyright, use, reuse, publish, republish, broadcast and otherwise distribute depictions of or information about Participant and all or any portion of the Event in which Participant may appear on any and all radio, network, cable and local television programs and in any print materials and in any other format or media (including electronic media) now known or hereafter devised in perpetuity and without compensation to Participant.

I. In consideration and in return for being allowed to participate in the Event, Participant releases and agrees not to sue the Releasees from all present and future claims regarding Participant's participation in events organized by the Releasees, including the Event, by Participant and his/her heirs, assigns, spouses, partners, personal representatives and/or next of kin.

J. Aware of my criminal liability, I declare that the (sports) medical certificate I submitted for participation in the race is original and was issued by the authorized sports doctor or other authorized person at the time indicated on the certificate.

K. If any of the provisions of this Waiver, Release of Liability, Covenant Not to Sue & Image Release ("Waiver") shall be deemed by a court of competent jurisdiction invalid or unenforceable in any respect, then, to the fullest extent permitted by applicable law, all other provisions hereof shall remain in full force and effect.

L. FOR ELITE AND OTHER PARTICIPANTS COMPETING FOR CASH PRIZES:

I voluntarily consent to have a sample of my testing performed by the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) or its agents. I further understand that certain prescription

and/or over-the-counter drugs that I may be taking can affect the results of these tests and that I will inform the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) prior to testing of any prescription and/or over-the-counter drugs that I am the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség). I further authorize the release of all information and records, including test results to the Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) or its agents. The Hungarian OCR Sport Federation (Magyarországi OCR Sport Szövetség) and its officers, employees, and agents are hereby released from legal responsibility or liability in connection with any testing and for the release of such information and records as authorized by this Waiver.

M. I, on behalf of myself and Ward, acknowledge, certify and confirm that (i) unless I specifically indicate this, I am over 18 years of age, and I legally sign this document on behalf of myself or the Ward (ii) from any illness, I am free from injury or disability that could affect my safe participation in the Event; (iii) I am physically fit and sufficiently fit to participate in the Event; (iv) on the day of the Event, individually or as part of a team, I will have health insurance. I am aware of all the risks arising from my participation in the Event, on behalf of myself and the Ward, I received adequate information about them and I was fully convinced of the consequences of participating in the competition, the individual characteristics of the competition before the competition, my participation in the Event is voluntary.

ADULTS - I DECLARE THAT I HAVE READ THE DOCUMENT, UNDERSTAND IT IN ITS ENTIRETY AND SIGN IT FREELY, WITHOUT ANY INFLUENCE, FULLY AWARE OF MY RESPONSIBILITY:

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| Name of the participant (capital letters): | Date: |
| Email: | Name of the person to be notified in the event of an emergency: |
| Telephone: | |
| Signature: | Telephone number of the person to be notified in the event of an emergency: |

JUNIORS - IF PARTICIPANT IS UNDER 18 OR UNDER LEGAL GUARDIANSHIP, SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED:

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| Name of the parent / guardian (capital letters): | Name of the junior / guarded competitor: |
| Email of the parent / guardian: | Date: |
| Telephone number of the parent / guardian: | Signature of the parent / guardian: |
| Type of personal relationship with the junior / guarded person: | |