

2019 Dead Sea Marathon event participant Health Declaration and Photography Consent Waiver and Release of Liability Form

A. MEDICAL QUESTIONNAIRE

Please read the following questions thoroughly and answer each question honestly by checking the appropriate box.

1.	Has your doctor ever stated that you have a heart condition?	YES	NO
2.	Do you feel pain in your chest? (Please answer each question below by checking appropriate box)	YES	NO
2.1	During rest time?		
2.2	During routine daily activity?		
2.3	During physical exercise?		
3.	In the past year - (Please answer each question below by checking appropriate box)	YES	NO
3.1	Have you lost your balance because of dizziness? (check NO if dizziness was the result of hyperventilation including during exerting physical activity)		
3.2	Have you lost consciousness?		
4.	Has your doctor diagnosed you with Asthma and therefore, in the past three months - (Please answer each question below by checking appropriate box)	YES	NO
4.1	Were you treated with medication?		
4.2	Have you experienced shortness of breath or wheezing?		
5.	Has any of your immediate family passed away - (Please answer each question below by checking appropriate box)	YES	NO
5.1	Due to heart disease?		
5.2	Due to early-age sudden death? (men prior to age 55 and women prior to age 65)		
6.	During the past 5 years, has your doctor suggested you should attempt physical activity only under medical supervision?	YES	NO
7.	Do you have any other special condition not considered illness and/or chronic illness and/or short-term illness, not mentioned above, which may prevent or limit you from physical activity?	YES	NO
8.	For pregnant women: Has this or any previous pregnancy been considered as high risk?	YES	NO

If answered YES to any question in section A on this form – to complete your registration you will be required in addition to this medical questionnaire, to provide The Tamar Events Forum LTD a signed doctor's certificate stating that participating in this sporting event will not pose a risk to your health.

1. The Tamar Events Forum LTD will enable your participation only when presenting a valid medical certificate signed within the last three months.
2. If there is a change in your health status, please consult your doctor before attending the event.

3. I hereby agree to inform and alert the event authorized registration manager upon filling and submitting this form at the registration station if answered YES to any question and required to provide a signed doctor's certificate.
4. I agree and acknowledge that failing to provide a signed doctor's certificate if answered YES to any question in section A on this form, prevents my registration and participation in this event.

To ensure your participation you will be requested to submit your medical certificate at the 2019 Dead Sea Marathon event registration packet pick-up.

I hereby acknowledge, by my signature below, that I have read and understood all contents of this medical questionnaire form and that I filled up this form with correct information. I hereby declare that all statements and answers contained herein regarding my current and past health status are complete and true.

Full Name

ID No.

Signature

Date

B. Release of Liability Declaration

1. I hereby acknowledge submitting a request to The Tamar Events Forum LTD (hereinafter: "the Company") to participate in the Dead Sea Marathon event (hereinafter: "the Event") held by the Company on February 1st, 2019.
2. I confirm that all information given above is an accurate account of my state of health and I am fit and healthy to participate in the race.
3. I, the undersigned, hereby declare that I am aware that my participation in the Event may require me to engage in strenuous physical activity.
4. I hereby declare that I am fully aware that this race is held outdoors in more challenging terrain conditions. There are many hazards along the course related to the environment such as pebbles, path grooves, gorges, potholes and other environment related obstacles. I hereby waive any claim of misunderstanding and/or discrepancy regarding my knowledge of these courses' terrains and I waive any claim for bodily or property damage that may be caused as a result of running on the above-mentioned courses.
5. I hereby declare that I am healthy and fit for this kind of physical activity and have properly trained for it.
6. I understand that participating in the Event without proper physical preparation may endanger my health.
7. Any illness, including fever, gastrointestinal disorders or cough, occurred or suspected during the month prior to the Event requires consulting my doctor and receiving approval to participate in strenuous physical activity.
8. I know and understand that high physical fitness, endurance, and good medical health is required to participate in the Event. I am aware of the high risk involved in running that may expose every participant including myself to the risk of bodily injury, damage, or even death.
9. I am well aware that the risks involved in the Event are not limited only to my personal ability at the time of the Event, and may also be caused by

other factors such as my health, nutrition and physical state prior to the Event, terrain conditions, weather, bicycle and vehicle traffic, as well as the conduct of other participants, sponsors and organizers of the Event.

10. Being aware of all the risks involved in running, I take these risks voluntarily and choose to participate in the Event despite the risks.
11. I accept full responsibility for any damage caused to me during the Event, including bodily injury, death and/or damage to property (hereinafter: "the Damage").
12. I hereby waive, release and forever discharge any claim and/or right of claim against The Tamar Events Forum LTD, the Tamar regional council, Dead Sea Works, Dovev Mazor, Real Timing and/or their assigned directors and/or employees and/or representatives and/or company employees and/or company directors and/or company representatives (hereinafter: "Event Organizers"), including, without limitation, any loss, bodily injury or disability, damage, illness or disease, death or other harm caused as a direct or indirect result of the Event.
13. I commit to withdraw my participation in the Event if requested and/or recommended by Event Organizers or if at any stage of the Event I may notice a certain risk or safety hazard or if at any stage of the Event I may sense that my participation in the Event may pose a danger to myself or others.
14. I understand that the Event accompanying filming and/or photography crews may be taking photos prior, during, and following the Event. I hereby give my permission to Event Organizers, as well as the Event sponsors, agents and representatives to use images of me, including any motion picture or still photographs for any purposes in connection with reviewing and/or promoting the Event.

I, the undersigned, hereby acknowledge that I have read and understood the above statements and certify their validity.

Full Name

ID No.

Signature

Date

C. Terms of Participation for Participants under the age of 18

To complete registration, parent or legal guardian of minors, born after Jan. 30, 2001, must sign the above form and statements on behalf of the minor.

I, the undersigned,

Full Name

ID No.

Signature

1. Minor's Full Name_____ ID No._____
2. Minor's Full Name_____ ID No._____

I hereby confirm that all information given here regarding my child/children is accurate and complete. I also waive, release and forever discharge, on behalf of my above mentioned child/children, any claim and/or right of claim including, without limitation, any loss, bodily injury or disability, damage, illness or disease, death or other harm caused as a direct or indirect result of the Event. I hereby clarify that I waive, release and forever discharge any claim and/or right of claim against the Tamar Events Forum LTD, the Tamar regional council, Dead Sea Works, Dovev Mazor, Real Timing and/or their assigned directors and/or employees and/or representatives and/or company employees and/or company directors and/or company representatives (hereinafter: "Event Organizers").

Parent/Legal Guardian Signature _____