



DISCLAIMER

I, _____, (first name, last name) with the start number _____ declare by my signature below that I have undergone a sports medical examination prior to the race and that I am in good health.

The organiser as well as the OC of the Gastein Classics accept no liability (as far as legally permissible) for accidents or damage caused by negligence or gross negligence on the part of participants or third parties.

I declare that as a participant of the Gastein Classics on 14.12.2024, I have sufficient accident and health insurance.

Signature of participant

Data protection consent

The OC of the Gastein Classics hereby refers to the regulations and the data protection declaration. The participant agrees that his/her data may be used for advertising purposes. Photos, film recordings, etc. of participants, which were taken during participation in the Gastein Classics events, may be used by the organiser without any claim to remuneration. The representations in the start and result lists may also contain the following personal data: First and last name, year of birth, gender, place of residence, nationality, club, team. The deletion of this data (apart from first and last names) is possible upon written request. Please send requests for deletion to badgastein@gastein.com. The participant agrees to this by signing the form.

Signature of participant