

## ATHLETE APPLICATION

### APPLICANT INFORMATION

**Please choose a race:**

**TRIAL RACE 35 km.**

**RACE 8.5 km.**

**NORDIC WALKING 8,5 km.**

First Name:

Surname:

Address:

City:

Post Code:

Country:

Date of Birth:    /    /

Phone:

Mobile:

Gender: Male/ Female

Team/Sponsor:

Email:

Previous Race Experience (Year, Distance, Ranking, Performance)

Shirt Size: S \_\_\_\_\_, M \_\_\_\_\_, L \_\_\_\_\_, XL \_\_\_\_\_

### REGISTRATION RULES

The right to participate in the Psiloritis Race is open to men and women over 18 years of age. Participation in the race requires past participation in a similar race or even in a race on asphalt or rough road. A full description of the eligibility criteria is given on the website of the event.

Every athlete is obliged to read the rules of the race. Every athlete who will participate in the race, is entitled to: Race number, souvenir t-shirt, certificate of participation, entry to the pasta party (carbohydrate meal), and transfer to the starting area and return from the finish area. Those athletes who complete the race are entitled to commemorative medal.

The numbers and memorabilia of the athletes will be given by the organisers of the race in the room "Lykion Ellinidon" in Rethymno, Eleftheriou Venizelou 89. Registration hours 11:00-13:00 & 19:00-20:00 **on Saturday (the day before the race)**. Athletes must show an ID or passport to receive their numbers. Registration will not be available after Saturday midnight nor will you be able to race. You must collect your own number at registration and not send someone else to collect on your behalf. The participation fee will not be refunded in the event of cancellation, but the athlete is entitled to receive the souvenirs of the race.

### INSURANCE-HEALTH DECLARATION

I have read the rules of the race and its characteristics and peculiarities. I know the difficulties and the dangers that can occur in the race environment as well as the physical and the psychological stresses suffered by the athlete in such a race.

I have undergone the required medical check in order to participate in the race and I have no health problems that would preclude my participation.

I make no claim to the organisation of the Psiloritis Race and its partners to make up for any damage to my health or injury to me during or after the race and I bear sole responsibility for participation and any incident.

In case of loss of my life, my legitimate heirs will have no claim on the organisation, in the race in which I participate solely at my own risk.

I consent to the free use of my name/image by the Organisers to all the mass media.

This application is also a declaration of the organisers' discharge of any responsibility and I give up my right of any compensation for the above cases or for any other reason.

Athletes compete at their own responsibility, knowing the difficulties and dangers of the race. They take responsible for conducting tests that will certify their good health and ability to participate in the race. The organisers are relieved of any liability for any personal injury or death and are generally relieved of any responsibility for the physical integrity of athletes during the race or consequence thereof.

Signature:

Date:

## ATHLETE APPLICATION

### DECLARATION OF ATHLETES' PERSONAL DATA

Within the framework of the new General Data Protection Regulation (GDPR), which has been applied in all EU countries since 25/05/18, the Organising Committee of the Psiloritis Race has adapted the method of data collection for the athletes, so as to ensure the confidentiality and proper processing of their personal data.

It is noted that the athlete's non-consent for the data processing described below does not hinder or impede in any way his participation in the race.

The processing of the data is done by the controller, and by the Committee for conducting Psiloritis Race, as constituted from time to time.

I hereby consent to the processing of my data (name, telephone, e-mail address, age) for the following purposes, stating for each one my own consent:

- I hereby consent that my personal data (name, telephone, e-mail, photos, age) can be freely used by the Organising Committee of the Psiloritis Race, as far as they can help organize and promote the particular organisation and other similar in Greece and abroad.
- I consent to the use of my personal email to send updates from the organisers of the Psiloritis Race before or after its completion, regarding information or news about future actions and events.
- I consent to the use of my personal email by the official photographer of the Event to inform me of my personal photos regarding my participation in this event.
- I consent to the forwarding of my personal email to promote information about the organisation of matches of the similar organisations (European or international) and the organisation of other activities held by Psiloritis Race (participation in charity events, etc.)

**Note:**

If the athlete wishes to change their position as to their consent to any of the above, they may send a request to [info@psiloritisrace.com](mailto:info@psiloritisrace.com) clearly specifying the fields of consensus they wish to change.

All consent-based data processing operations performed prior to the withdrawal of consent - and in accordance with the GDPR - are still lawful.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

### PAYMENT METHODS AVAILABLE

- TRAIL RACE 35KM (45.00 €)
- RACE 8.5KM (15.00 €)
- NORDIC WALKING 8.5KM (15.00 €)

Please ensure all payments made include the full name of the athlete involved

|                            |   |
|----------------------------|---|
| <b>PayPal Account</b>      | <a href="mailto:info@psiloritisrace.com">info@psiloritisrace.com</a>  |
| <b>Direct Bank Payment</b> | ETHNIKI BANK – PSILORITIS RACE 258/480040-05<br>IBAN – GR17 0110 2580 0000 2584 8004 005<br>SWIFT – BIC: ETHNGRAA |

**In addition to the fees identified above, applicants must pay any PayPal Fees (2.00 €) and those of Ethniki Bank (3.00 €)**

On behalf of Psiloritis Race, we thank you for expressing your interest in registering for our Race. Your support is invaluable and is greatly appreciated. Your application will be reviewed, and we will be in contact with you soon. For further information please refer to our website [www.psiloritisrace.com](http://www.psiloritisrace.com), email [info@psiloritisrace.com](mailto:info@psiloritisrace.com), or call 0030 28310-35501

Psiloritis Race Committee

### OFFICE USE ONLY

|                          |                     |       |
|--------------------------|---------------------|-------|
| Approval of Application: | ACCEPTED / DECLINED | Date: |
| Database Updated:        |                     | Date: |
| Athlete Notified:        |                     | Date: |