

The below information is necessary, in the event that during the race you become sick or injured, and the event medical staff may be required to provide first aid or medical treatment.

If you answered "Yes" to any of the questions below (items 1-8, please input the details (please input even minor details/conditions))

1. Are you currently experiencing or suffering from any onset or recurring diseases/medical condition, and have you received medical clearance from a doctor?  
YES / NO
2. Are you currently taking any medication? YES / NO
3. Do you have any allergies or allergic reactions to any drugs/medications? YES / NO
4. Do you suffer from any allergies or hypersensitivities to insect bites? (eg bee stings, bug/insect bites etc) YES / NO
5. Do you suffer from any diseases, medical condition etc that the medical team should specifically know about (in the event that you might need medical treatment)? YES / NO
6. Do you have any particular questions or concerns that you would like to ask the medical team? YES / NO
7. Have you ever seen a doctor in the past in relation to heart disease? YES / NO
8. Have you ever received medical treatment in a past sports race/event? YES / NO

Please input further detailed information

Blood type: A · B · O · AB (RH + · -)

Height:            cm    Weight:            kg

Eg: I am taking anti-hypertension medication, I am allergic or have a negative response to painkiller or certain type of medication.

### Acceptance of terms and conditions

In accepting participation in the 2019 Minato Sakata Triathlon Oshin Race, I agree and consent to the following terms and conditions:

1. I agree to abide by all the rules, conventions, regulations and general or specific instructions established by the event organizer.
2. I am aware that competition events can be dangerous. Accordingly I and my guarantor accept the risk of injury or death either during the race or incidental to the race, and will not question the outcome of my undertaking in this race event. The Event Organisers and related stakeholders are not liable or responsible beyond the insurance benefits provided for/covered in the accident insurance subscribed to.
3. I will accept all personal responsibility for belongings, sporting equipment etc. during the race event and incidental to the event.
4. I confirm that I in fit and healthy condition and have trained adequately for this event. In addition, I have received medical approval /guarantee from a doctor that my body/physical condition is in adequate condition to compete in this race.
5. In the event I become injured, sick, ill etc during the race, that I will not refuse medical aid and will accept medical treatment/appropriate measures that is provided to me.
6. I acknowledge and accept that if the race is cancelled for any reason including due to bad weather (strong winds, heavy rain, storm, rough sea conditions etc, that no refund of entry fee will be provided.
7. I acknowledge and accept that my personal information such as my portrait/image, name, address, age, competition history and self-introduction may be used for the purposes relating to the event, publication in the programs, results, public relations and advertising materials related to the event, press and media purposes, I consent to commercial use by publication in print, video, other media etc produced in relation to the Event Organiser.
8. My family, relatives, guardian (for minors) accept and acknowledge my participation in this event, and understand the terms and conditions that I hereby have agreed to.
9. I swear/confirm that all information provided by me to participate in this event is true and factual.
10. I swear/pledge to abide and comply with the rules and observations of the JTU and the Executive Committee of this Race tournament.
11. I pledge that I fully understand and adhere to the above consents, waivers, terms and conditions in participating in the 2019 Oshin race.
12. Personal information will not be used for any other purpose except to communicate with you and to provide information in relation to the event by the Race Organiser. Use of personal information will be strictly controlled and adhered to.

Participant signature: \_\_\_\_\_

Family signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

\*Name of person who acknowledges the participants intent to compete

Date: \_\_\_\_\_