



Declaration of approval & liability

for the participation of a runner who has not reached the required age yet at the Vienna City Marathon 2020, Half Marathon 2020, Relay Marathon 2020.

As a parent or legal representative,

(NAME/SURNAME) _____

I declare my approval, that my son/daughter

(NAME/SURNAME) _____ born on _____

may participate in the following event:

Marathon Half Marathon Relay Marathon 10K

I am aware of the fact that the participation in the VCM main competitions is limited to a minimum age.

In addition I am aware of the fact that the running distances at the events mean physical stress particularly for a person under the required age.

I assure that my son/daughter has trained sufficiently to run the relevant distance. I therefore declare my approval and assume full responsibility for his/her participation.

I have been informed about the possibility to obtain appropriate information and recommendations by the experts of the VCM Medical Centre about the meaning of the participation of my son/daughter.

Date

Signature of parent or legal representative

Please send by e-mail to: office@vienna-marathon.com