

Waiver Form

Dogathon Competition Health Checklist and Terms

Please read carefully and sign below to confirm that you agree with the following:

1. Health and Safety: I (Participant) will pay attention to my health and the health of my dog, keep us both in good physical condition, and train sufficiently before participating in the race. My participation will be with self-responsibility. I will also use the pre-race **Health Checklist, reported below****, to confirm our physical condition. If either my dog or I are not in good physical condition, I will cancel our participation in the race or pay careful attention to our condition during the race.
2. Emergency Care: If either my dog or I are injured, have an accident, or become sick during the race, I will have no objection to receiving first aid. I will fill out all the medical information and emergency contact details in the waiver form, as I know these are important details to help us in case of need.
3. Personal Participation: Nobody will run on my behalf or on behalf of my dog. If somebody should run on my behalf or my dog's behalf, I will not hold the organizers responsible for any accident he or she may have during the race. If it should be revealed that somebody ran on my behalf or my dog's behalf, I will comply with the organizers' instructions, including cancellation of any official commendation or entries for the Dogathon Competition in the future.
4. Registration Honesty: I registered without any failure or deceit in my application, including entry qualifications or participation time limit for this race.
5. Media Release: I agree that the right to release any materials during the race, or associated event such as videos, photographs, articles, TV programs, newspapers, magazines, websites, or posters and flyers for promoting the next Dogathon Competition events belongs to the organizer.
6. Entry Regulations: I will enter the start area from the designated entrance gate. (It is prohibited to enter from other gates).
7. Compliance with Regulations: I have read the regulations reported on the website and agree to abide by them as a condition of my participation.

Dogathon Competition Health Checklist

A HEALTH CHECK is required before participating in the Dogathon Competition. Each participant must check the following and join the race at their own responsibility.

a) Consultation with Primary Care Doctor: Please, consult your primary care doctor about participation in the race if any of the following items (1 to 5) are applicable to you. Please, have a physical examination and a cardiac examination under the supervision of your primary care doctor. You are not required to submit any medical certificates. This health checklist is aimed to assist your own health check.

If you join the race, you are responsible for your actions.

1. Are you currently undergoing treatment for, or have you ever been diagnosed with a cardiac disease (cardiac infarction, angina pectoris, cardiomyopathy, valvular disorder, congenital heart disease, irregular heartbeat, etc.)?

☐ YES

☐ NO

2. Have you ever suddenly lost consciousness (fainted)?

☐ YES

☐ NO

3. Have you ever felt chest pain or dizzy when you were exercising?

☐ YES

☐ NO

4. Has your relative suddenly died because of a so-called "heart failure" (sudden death)?

☐ YES

☐ NO

5. Has it been more than a year since your last physical examination?

☐ YES

☐ NO

b) Additional Risk Factors: The following items (6 to 9) are risk factors for myocardial infarction and angina pectoris. Please consult your primary care doctor if any of these are applicable to you, and keep your physical condition stable before participating in the race.

6. Is your blood pressure high (hypertension)?

☐ YES

☐ NO

7. Is your blood-sugar level high, or have you ever been diagnosed with diabetes?

☐ YES

☐ NO

8. Do you have a high LDL cholesterol level or neutral fat level (hyperlipidemia)?

☐ YES

☐ NO

9. Do you smoke?

☐ YES

☐ NO

Your primary care doctor is the physician closest to you who can help you manage your health and physical condition. Carefully choose your primary care doctor and discuss your required physical examinations, and whether or not you can participate in the race.

I hereby comply with the terms described above and after reading the health checklist, I confirm I can participate in the race.

I hereby confirm that my dog is qualified with the race condition and can participate in the race.

Name (must be signed by the runner)

Name of Dog

Emergency contact in case of accident

Relationship: _____

Name of the contact person: _____

Phone number: _____

Signature Section

By signing below, I agree to take full responsibility for my own health and well-being during the event. I acknowledge that the organizers are not liable for any injuries, health issues, or losses that may occur to me and my dog.

Signature: _____

Date: _____