



# Åredraget 2024 waiver form

**This form is to be filled out, signed and delivered to the race office on registration day, after which you will receive your BIB number in Åredraget '24**

I, the undersigned, confirm herewith that:

- I have read and agree with all the race rules that apply to Åredraget 2024
- I participate in the race at own risk
- I have read and agree with the mandatory equipment list for Åredraget 2024 and will follow these demands

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Start number: \_\_\_\_\_