



Shinetsu Five Mountains Trail Race 2025 – Patagonia

100 mile

100Mile RACER Check-in & Waiver Form

Racer check-in for RACERS is scheduled as follows.

9/13 (Sat) 9:30-14:00 Racer Check-in: Madarao Kogen Restaurant Heidi

Racer Check-In Form

Bib #	Name (First & Last Name)	Gender

[Please provide your mobile phone number] The race requires a mobile phone number with which you can be reached during the race in case of an emergency or to contact you to ensure your safety.

Please provide your mobile phone number below.

RACER Mobile Phone #

Important

2025 SHINETSU FIVE MOUNTAINS TRAIL - WAIVER FORM -

I have read and agree to all the terms and conditions in this waiver form in regard to my participation in "2025 Shinetsu Five Mountains Trail Race - Patagonia Cup" which will be held on Sept. 13 to Sept. 15, 2025.

Race Rules & Racer Responsibilities

1. I understand that this trail race takes place in the mountains and promise to abide by all the rules, regulations and instructions laid out by the race organization. I also understand that I am responsible for the management of my own health and safety and agree to stop racing and drop out of the race immediately if I feel unwell/sick.

Racer Qualifications & the Characteristics of this Race

2. I have sufficient trail running experience and I am aware that this race will be taking place in an outdoor environment where the weather and conditions can quickly change. I am also aware that I will be in an area where there are wild animals (such as bears) and will need to carry equipment such as a bear bell. I also realize that a racer's health/condition may rapidly deteriorate during such a race and understand that it may be difficult to obtain immediate emergency assistance when out in the mountains. I am currently in good health condition and do not expect any issues during the race. I have also undergone a medical examination within the past year and have no health issues. I will contact the race organization before the race, in writing, regarding any allergies, medical issues and/or religious issues that the race staff should be aware of in case I require emergency treatment during the race. As such, I will also provide any medical documentation and electrocardiograms if asked to do so by the race.

Race Disqualification & Emergency Treatment

3. I understand and accept that the race organization may ask me to stop and drop out of the race if I am not good enough condition to continue racing. I also agree to allow the race to provide me with emergency medical treatment/care in case I am injured or become sick due to an accident or illness during the race. In such a case, I will not dispute the treatment method or its outcome.
I agree to bear the cost for any medical and/or transport cost that is not covered by the insurance below.

Liability Waiver in case of Injury or Death

4. I will not hold the race organization and any related parties liable for any reason whatsoever if I am injured during the race and/or during any events related to the race. I will also not hold the race organization, staff and volunteers liable for subsequent complications for whatever the reason including death. I understand and agree to the insurance coverage limits for race participants (see below) provided by the race. In addition, I acknowledge and accept that only first aid will be provided for any accident, injury, and/or any issue with physical condition during the race and will not hold the race organization liable for how the first aid is provided and/or the condition after receiving the first aid. I promise that my family, estate/will, trust, heirs nor myself will not make a liability claim, take legal action and/or demand payment including the reimbursement of legal fees.

I will not bring the race organization and any related parties liable in case any of my belongings is lost and/or stolen.

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[Insurance Coverage for Race Participants]

The following is the insurance coverage limit for each race participant as per the race's insurance policy:

- Death & disability : 5,000,000 Japanese Yen - Hospitalization : 5,000 Japanese Yen (per day)
- Hospital Treatment : 2,000 Japanese Yen (per day)

If you want to be insured for any amounts over and above these limits, you will need to enroll in your own insurance plan.

Unforeseen/Uncontrollable Conditions (An Act of God/Force Majeure)

5. I will not hold the race organization and any related parties liable or responsible for any changes to the race or the cancellation of the race due to unforeseen and uncontrollable factors. These factors include but are not limited to deteriorating weather, poor/unsafe race conditions and property damage/loss. I also promise not to seek compensation or refunds for costs incurred to participate in the race including race entry fees.

Photograph/Video Rights

6. I understand and agree to allow the race organization to use photographs or video images that may include myself, my name, address, age and race experience in its promotional material as well as in other media publications. I also understand that this material is owned by the race organization and agree that it can be used for commercial purposes including printed material, movies/footage and the informational media.

Handling of drop bags and lost articles

7. With drop bags checked in to the race organization and any lost articles that is not collected within 3 months or received with the payment on delivery, I permit the race organization to check the contents of the bag(s) and/or article(s) without prior notification and dispose the bag(s) and article(s) using appropriate and reasonable means except for any case where there is gross or intentional negligence by the race organization.

Please Note: This race/event will take place within the regulations and laws governing Japan. While the content and rules/regulations/policies are available in both English and Japanese, the English language translation is provided as a courtesy to race participants. In the event of a conflict between the Japanese and English language versions of the site and rules/regulations/policies, the Japanese version shall govern.

I promise that all the information I've provided on my race registration form is accurate and true. My family and relatives understand and accept the terms and conditions of this waiver form and agree to my participation in this race. I also understand and fully accept the race rules and regulations as well as the terms of this waiver form including the insurance coverage and have provided my signature as proof.

RACER'S SIGNATURE

Address

Full Name

Signature:

Date: