



Baja-Event GmbH, Radefelder Str. 10, 04159 Leipzig

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## **Medical Liability Waiver**

I understand that I am going to participate in an extreme event through impassable terrain involving danger to life and limb.

I am also aware of the fact that due to the local conditions and the personnel situation the standard of medical care provided during the event will not meet the usual standard.

For this reason I hereby release the medical staff from any and all criminal / civil liability in connection with any treatment / consultation provided unless there is evidence of willful intent or gross negligence.

Furthermore, I declare that I do not suffer from any bodily disease / mental disorder that might be an argument against my participation in the event and that the information given in the medical questionnaire is correct and up-to-date.

I also understand that any utilisation of services rendered by the medical staff will be a service procured by the organiser and that a private invoice in accordance with the physician fee schedule GOÄ at the basic rate will be issued.

e.g.: treatment of a laceration EUR 23.31, infusions in case of diarrhoea EUR 21.89 + expenses for materials ca. EUR 11.50

## **Release from physician's duty of confidentiality**

I hereby release the medical staff from any and all physician's duty of confidentiality related to me in case of a medical emergency occurring during the event (e.g. contacting the requested ambulances, providing and gathering necessary situation-related information regarding my health history, contacting my relatives).

Also to secure the racing operations in case of a safety/ security risk posed by me to third persons (e.g. passing on information to the race management / organiser).

.....  
Starting number, Place, Date

.....  
Driver ( Name / Signature )

.....  
1<sup>st</sup> Co-driver ( Name / Signature )

.....  
2<sup>nd</sup> Co-driver ( Name / Signature )