ULTRA TRAIL MARÃO

ANNEX I 2027

Safety, health, insurance and operational command

On this side of Marão, we run with heart.

ANNEX STRUCTURE

1. **Principles and chain of command**
2. Fitness, Medical Assessment and Medical Authority
3. Evacuation, rescue, communications and insurance
4. Weather, shutdown and incident records
5. Organisation team, volunteers and operational implementation

This Annex I forms an integral part of the UTM 2027 General Regulations. In matters of safety, health, insurance and operational command, its special provisions shall prevail, without prejudice to applicable mandatory law.

ARTICLE 1 — PURPOSE

This Annex establishes the safety, health, assistance, sports insurance, evacuation, rescue and operational command regime for UTM 2027.

ARTICLE 2 — PRIORITY PRINCIPLE

Protection of life and physical integrity takes precedence over classification, continuation of the race, schedules, finish lines, public communication and individual or commercial interests.

ARTICLE 3 — CHAIN OF COMMAND

The event operates under a centralised chain of command inspired by incident-command principles and adapted to the UTM context.

The minimum structure comprises Race Direction, Operational Coordination, sector/department managers and field teams. Personal appointments, means and resources are defined in an internal Operational Order.

Judges, referees, delegates and technical officials appointed within an FPA-sanctioned competition exercise autonomously the sporting and technical powers granted to them by federation regulations. By virtue of that role, they do not form part of the UTM clinical or emergency-command chain; operational and safety coordination remains governed by this Annex.

ARTICLE 4 — EXTERNAL AUTHORITIES

When acting within their respective powers, instructions issued by Civil Protection, INEM, Fire Brigades, GNR, health authorities, ICNF, municipalities and other legally competent authorities prevail over internal decisions.

ARTICLE 5 — MEDICAL ASSESSMENT AND OPTIONAL MEDICAL CERTIFICATION

The Organisation strongly recommends that all participants, regardless of their chosen race distance, undergo a prior medical assessment appropriate to the physical demands, duration, cumulative elevation gain and specific characteristics of the race.

The submission of a medical certificate is optional and is not a mandatory requirement for registration, confirmation of registration, race bib collection or participation in any of the five competitive race distances of the UTM 2027.

Each athlete is responsible for assessing their own physical condition and health and should seek appropriate medical advice whenever their personal circumstances or the demands of the race justify doing so.

Federated athletes must comply with any medical, sporting and documentary obligations applicable to them under their respective federation membership and the regulations in force.

The absence of a medical certificate does not restrict the authority of the Organisation's medical team to assess, provide medical assistance to, impose conditions on or withdraw a participant from the race where clinical reasons make continued participation unsafe, in accordance with this Annex.

ARTICLE 6 — DUTY OF SELF-ASSESSMENT AND NON-PARTICIPATION

An athlete must refrain from starting or continuing if they present acute illness, fever, a relevant infection, a disabling injury, altered consciousness, an incompatible clinical condition or any situation that makes participation manifestly unsafe.

The recommendation to undergo a prior medical assessment and the voluntary submission of a medical certificate do not transfer responsibility for the athlete's continuous medical monitoring to the Organisation, without prejudice to its legal obligations regarding safety and medical assistance.

ARTICLE 7 — TRIAGE AND MEDICAL DECISION

The medical team may assess, observe, stabilise, impose conditions on or order the withdrawal of an athlete where clinical signs make continuation unsafe.

A medical decision on continuation in the race is final for the operational purposes of the event and must be complied with immediately. This rule does not remove any subsequent legal rights of the participant.

ARTICLE 8 — CONSENT TO EMERGENCY ASSISTANCE

By participating, the athlete acknowledges that, in an emergency, first aid, stabilisation, immobilisation, triage and referral may be provided within the competence of the professionals present and in accordance with applicable law.

Where the athlete is unable to give valid consent and there is a relevant risk, the legal rules governing emergencies and protection of vital interests apply.

ARTICLE 9 — EVACUATION AND RESCUE

Evacuation is determined by severity, location, accessibility, weather, team safety and availability of resources. It may involve assisted walking, a light vehicle, 4x4, ambulance or specialist resources.

Immediate evacuation cannot be guaranteed at every location. Athletes must assume that some areas may require stabilisation and a waiting period before safe removal becomes possible.

Refusal to comply with a lawful withdrawal or evacuation order for clinical or safety reasons results in exclusion from the race and is recorded.

ARTICLE 10 — SEARCH FOR ATHLETE AND UNREPORTED WITHDRAWAL

Disappearance, loss of contact or an unreported withdrawal may trigger verification and, where justified, a search operation. The athlete must report withdrawal as soon as reasonably possible and remain contactable unless unable to do so.

ARTICLE 11 — EMERGENCY COMMUNICATIONS

Official emergency contacts will be published before the race and printed on or made accessible through the race bib/athlete guide.

Mobile, radio, satellite, tracking-system or GPS failures are possible. The Organisation maintains proportionate redundant procedures but does not guarantee continuous communications coverage throughout the mountain.

ARTICLE 12 — GPS, TRACKING AND GEOLOCATION

Tracking devices or platforms, where used, serve an operational-support and information function. They do not constitute continuous individual surveillance and do not guarantee instant location.

Athletes must not replace attention to course marking, autonomy and active requests for assistance with an expectation of automatic detection by technology.

ARTICLE 13 — COMPULSORY SPORTS INSURANCE

From the opening of registration, the Organisation maintains the compulsory sports insurance applicable to participants in accordance with the legislation in force and the policy for the edition.

At all times, the policy provides insured amounts no lower than the legally required minimums applicable to sports events or manifestations open to the public, including the legally required cover for death, permanent disability, funeral expenses, treatment expenses and repatriation. The amounts specifically applicable to the 2027 edition will be disclosed to participants as soon as they are officially updated and will appear in the policy information.

The participant is enrolled in the insurance at the time of registration, in accordance with applicable law. The insurer’s identity, policy or certificate number, cover, insured amounts, excesses and claim-reporting procedure are made available to the participant during registration and confirmed in a durable medium, without prejudice to subsequent updates of purely administrative details that do not reduce the cover contracted.

The decision on coverage and compensation lies with the insurer, without prejudice to the Organisation’s own responsibilities.

ARTICLE 14 — REPORTING A CLAIM AND EXPENSES

The athlete must report an accident to the Organisation as soon as reasonably possible and provide the information required to submit the claim to the insurer.

The excess applicable to the 2027 edition sports insurance is €95, and that amount is borne in full by the insured participant in accordance with the policy and applicable law.

Excesses, expenses or resources not covered may be borne by the participant where this follows from the policy, the law or individual responsibility. No charge may be imposed in breach of compulsory coverage or applicable law.

ARTICLE 15 — NIGHT OPERATION

Night sectors require personal lighting and backup autonomy in accordance with Annex III. The Organisation may establish checkpoints, collection zones or additional visibility rules where required for safety.

Continuing through a night sector without sufficient functional lighting is prohibited.

ARTICLE 16 — WEATHER, FIRE AND CRITICAL CONDITIONS

The Organisation monitors relevant meteorological and operational information and coordinates with competent authorities. Fire risk, thunderstorms, extreme wind, snow, ice, severe heat, reduced visibility, landslides or other conditions may require additional equipment, closure of ridgelines, diversion or suspension.

ARTICLE 17 — LEVELS OF INTERRUPTION

The response may take the form of: (a) neutralisation or closure of a sector; (b) progressive suspension; or (c) total suspension or termination of the event.

The decision must seek to reduce risk and be proportionate to the information available and may be implemented without prior notice where urgency so requires.

ARTICLE 18 — INCIDENT RECORDS

Relevant incidents are recorded with time, location, persons involved, decision, resources activated and closure. The record is operational in nature and does not replace a clinical record or report from the authorities.

ARTICLE 19 — ORGANISATION TEAM AND VOLUNTEERS

The Organisation team and volunteers act according to assigned functions and the chain of command. They must report facts, follow instructions, preserve confidentiality and escalate situations that fall outside their competence.

For the purposes of this Article, Staff members and members of partner teams to whom the Organisation has assigned a specific mission are also considered part of the operation. Each person shall act only within the duties, limits and instructions of the mission entrusted to them and shall report to the relevant Coordinator, Department Director, Operational Coordination or Race Direction, in accordance with the operational structure in force.

No aid station, control point, sector or mission may be closed, abandoned or stood down merely because the last expected athlete has passed. Expected passage times are indicative. Operational closure depends on the applicable cut-off time, the instructions of Race Direction and, where required, confirmation by the competent person in charge. After the cut-off, the team shall remain on duty for the time required to complete a safe closure, inventory, packing of materials, waste collection, cleaning and handover of the area in proper condition.

They may not issue diagnoses, authorise or advise against continuation on their own initiative, administer medication outside their competence, improvise rules, disclose clinical information, negotiate penalties or make public statements on behalf of the event without authorisation.

ARTICLE 20 — CRISIS COMMUNICATION

In a serious incident, public communication is centralised. Identifiable clinical information is protected and may only be shared on a valid legal basis and where operationally necessary.

The Organisation cooperates with authorities and family members within the limits of privacy, investigation requirements and confirmed information.

ARTICLE 21 — INTERNAL OPERATIONAL ORDER

Names, rosters, vehicles, posts, clinical schedules, radio channels, contacts and resources are set out in an internal Operational Order updated by the Race Direction.

The Operational Order does not constitute a contractual promise of a fixed number of resources or universal response time. Resource allocation may change in response to incidents, team safety, authority instructions or subsequent unavailability.

ARTICLE 22 — LIMITS AND LEGAL LIABILITY

The safety system reduces and manages risk; it does not eliminate it. The Organisation remains responsible for obligations imposed by law and does not exclude liability in matters where exclusion is prohibited.

Clinical unpredictability and the variability of the mountain environment do not turn a duty of care into a guarantee of outcome.