GARDATRENTINOTRAIL

Surname: _____First name_____ Date of birth: ___/____/_____

Registration number_____

The certificate is in accordance with Italian law. However in order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted.

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

This certificate must be emailed to: iscrizioni@gardatrentinotrail.it by 1 May 2016. Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certi cate.

Medical certificate

I, the undersigned doctor _____certify

that the medical examination of:

Surname: _____First name: _____

Born on the: ___ / ___/ _____,

does not reveal any contraindication to the practice of competitive running.

Date: ___ / ___ / _____

Validity of the certificate: _____

Signature of doctor: _____Professional stamp/seal and professional

number: _____