

Surname:
First name:
Date of birth: /

## TRAIL MONTE CASTO 25<sup>TH</sup> OCTOBER 2020

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 uploaded to your personal runner space by 15 October 2020. Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certificate.

Medical certificate (Write in capital letters)
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 trail running
Date://
Signature of doctor:

Professional stamp/seal (or professional number):