

THE RELAY by **MARCIALONGA**

RELAY RACE 26 Km

03.09.2017

Declaration of possession of medical certification

I, _____, enrolled in the Relay by Marcialonga Running Coop of September 3, 2017 in the team called _____, declare to be in possession of the medical certificate required to participate in the event, that is, at least one of the following certificates:

- A. Certificate of eligibility for the practice of non-competitive activities.** The certificate was issued by my physician or a by a specialist in sports medicine. The examination for the certificate included blood pressure measurement and other exams deemed necessary according to current laws.

- B. Certificate of eligibility for participating in sport events at a competitive level.** The certificate was issued to me by a doctor with a specialization in sports medicine. The examination for the certificate included blood pressure measurement, electrocardiography exam at rest and under stress, and spirometry exam.

The certificate in my possession is valid as of September 3, 2017 since it was released less than a year before this date.

I waive MARCIALONGA A.S.D. from any liability for the inability to verify the certificate itself, impossibility due to my negligence in submitting a copy of the certificate.

Date: _____

Signature: _____