

CHARITY RELAY RUN by MARCIALONGA coop

10+8+8 Km, 06.09.2021

RELAY & CHARITY, RUN FOR:

AFRICA & SPORT → 90 € until 25/06 – 105 € from 26/06 to 03/09 – 120 € on 04/09

AIDO → 90 € until 25/06 – 105 € from 26/06 to 03/09 – 120 € on 04/09

COOP. SOC. LE RAIS → 110 €

CRI COMITATO FASSA → 90 €

CROCE BIANCA TESERO → 90 €

LA VOCE DELLE DONNE → 90 €

LILT → 90 €

SPORT SENZA FRONTIERE → 90 € until 30/06 – 100 € from 01/07 to 04/09

SPORTABILI → until 30/06 – 100 € from 01/07 to 04/09

Please fill in and send this form back to entry@marcialonga.it

You need to transfer the entry fee indicated above to:

S.C. MARCIALONGA – IBAN: IBAN IT27 S081 8435 2800 0000 0083 816

BIC CCRTIT2T50A -Cassa Rurale di Fiemme

Object: Registration Marcialonga Running TEAM NAME (no commissions on us)

TEAM NAME

	RUNNER A Moena – Predazzo	RUNNER B Predazzo – Lago	RUNNER C Lago – Cavalese
FIRST NAME AND SURNAME			
DATE OF BIRTH			
NATIONALITY			
ADDRESS			
CITY			
ZIP CODE			
EMAIL ADDRESS			
PHONE NUMBER			
SIZE			

RELAY 26 Km
05.09.2021

Declaration of possession of medical certification

I, _____, enrolled in the Relay by Marcialonga Running Coop of September 5th, 2021 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 5th, 2021 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: _____