



fill out completely, sign and return by:

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## CERTIFICATE OF ELIGIBILITY FOR PARTICIPATING IN A NON-COMPETITIVE ATHLETICS EVENT FOR TOURIST-SPORTING PURPOSE



Dr. (first name, last name)
born (city, country)
on (dd/mm/yyyy)
with offices at (complete address)
phone number

I declare myself fully responsible and acknowledge the consequences for falsely declaring that



Mr/Mrs/Ms (first name, last name)
born (city, country)
on (dd/mm/yyyy)
and resident at (complete address)
with the following disability (if applicable)

has sustained a thorough and adequate medical exam. Therefore I declare that the aforementioned athlete is in good health and fit to **PARTICIPATE IN A NON COMPETITIVE, 21,097 KM, FOR TOURIST-SPORTING PURPOSES.**

The exam has been performed by me on (dd/mm/yyyy)

\_\_\_\_\_

This certificate is valid until (dd/mm/yyyy)

\_\_\_\_\_

Physician's signature and stamp \_\_\_\_\_



REGIONE AUTONOMA  
FRIULI VENEZIA GIULIA

