



## MEDICAL CERTIFICATE

### Of no contraindication in the practice of running in competition

The undersigned doctor

Dr .....

Address .....

Postcode ..... City .....

Country ..... Phone .....

Certifies to have examined this day Ms/Mrs/Miss

NAME ..... SURNAME .....

BIRTHDATE .... /... /.....

And he/she is fully capable of running the trail race "UTLAC30" and have noticed no contraindication in the practice of running competition.

Date of visit: .... /... / .....

Doctor signature and stamp (compulsory)

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