

2^ BIBBONA ECOMARATHON

Health Form

(fill out completely, sign and return by: fax + 39.0587240030 – e-mail: iscrizioni@toscanatiming.it)

I, Dr. (name, surname)

born (clty, country)

on (dd/mm/yyyy)

with offices at (complete address)

and phone number

declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/
Ms (name, surname)

born (clty, country)

on (dd/mm/yyyy)

and resident at (complete address)

with the following disability (if applicable)

based on a sport physical exam done by me on (dd/mm/yyyy)

Is in good health and fit to run and compete in 42 km or 18 km next 13 May 2018 in Bibbona (LI) to current laws

Physician's signature

Date
