

## HEALTH FORM GARDA TRENTINO HALF MARATHON

Fill out completely, sign, and return
> by fax: +39 041 99.92.07
> or by e-mail: gardatrentino@tds-live.com
> or post address: TIMING DATA SERVICE SRL - Via delle Macchine 14/A - 30038 SPINEA (VE

I, Dr. (name, surname)

born (city, 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 (city, 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 compete in a 21,097 metre marathon according to current laws. This certificate is valid one year from this date.

Date

Physician's signature

Personal history records are held at the main offices of Trentino Eventi A.S.D. - Via Vittorio Veneto 20/A - 38062 ARC0 (TN) and may be reviewed, altered and deleted at any time upon the individual's request, and addressed to the legal representative responsible for the handling of such records.