

18° GARDA TRENTINO HALF MARATHON 10th NOV 2019 health form

FILL OUT COMPLETELY, SIGN, STAMP AND RETURN

by e-mail iscrizioni@sdam.it or by Fax to the number +39 051 9525760

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)
ED ON A SPORT PHYSICAL EXAM DONE BY ME ON (DD/MM/YYYY)
is in good health and fit to compete in a 10 Km 21.097 Km marathon according to current laws. This certificate is valid one year from this date.
DATE (DD/MM/YYY) / / / /
Personal history records are held at the main offices of Trentino Eventi SSD a r.l Via Vittorio Veneto 20/A - 38062 ARCO (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.