

Athlete's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID or Passport number: \_\_\_\_\_

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This certificate is for the purpose of participating in a long-distance trail running event to be held in \_\_\_\_\_.

It will be accepted as valid the present certificate, for 1 year, at the time of the race.

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I certify that the athlete identified above has no impediment to practicing the race referred to in this certificate.



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*Signature and Stamp*  
**(Accredited Physician)**