



Athlete's Medical Certificate

Name:

Surname:

Father's name:

ID Number:

I hereby confirm with my signature, that the athlete above, has undergone all the medical examinations necessary and according to the medical history that he/ she presented, he/she is capable of taking part in the series of the **TRIMORE races** for the year of 2018. In any case, the athlete above is totally responsible for his/her own health and physical integrity, taking into account the requirements and particularities of such a race.

...../...../20.....

The Doctor
(Signature-Stamp)