



Amalfi Positano Ultra Trail

RACE:

55km 37km 16,5 km

MEDICAL CERTIFICATE

I, the undersigned Dr _____, Doctor of Medicine,

Certify that the examination of Mr/Ms _____

Date of birth: _____ Age: _____

reveals no contraindications for participating in running competitions.

Medical certificate issued in (place): _____

Date: _____ Doctors sign: _____

Doctors Stamp:

The certificate is in accordance with Italian law.

This certificate must be emailed to: certificate@amalfipositanoultratrail.it by 15 May 2016. Failure to do by this date will lead to the annulment of registration without reimbursement. Nobody will attend the race without the medical certificate.