



# 11<sup>a</sup> Maratonina Città di Udine

ASSOCIAZIONE  
MARATONINA  
UDINESE



Fill out completely, sign and return by: fax +39 0432 299678  
e.mail: [info@maratoninadiudine.it](mailto:info@maratoninadiudine.it)

**PLEASE, USE BLOCK LETTERS ONLY**

I, Dr. (first name, last name)

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born ( city, country)

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on (dd/mm/yyyy)

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/

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/

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with offices at (complete address)

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and phone number

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declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/Ms (first name, last name)

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born (city, country)

---

on (dd/mm/yyyy)

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/

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/

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and resident at (complete address)

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with the following disability (if applicable)

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based on a sport physical exam done by me on (dd/mm/yyyy)

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is in good health and fit to compete in a Half marathon (21,097 km) running competition according to current laws.

This certificate is valid one year from this date.

In date \_\_\_\_\_ Physician's signature \_\_\_\_\_

Personal history records are held at the main offices of Asd Maratonina Udinese, Udine -Italy 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 said records.