



Declaration of possession of medical certification (Only for relay marathon)

I (last name/first name) _____ enrolled in the 1st European Company Marathon Championship of April 8, 2018 in the team called _____ Company _____ declare to be in possession of the medical certificate required to participate in the event, that is, at least one of the following certificates:

A) Certificate of eligibility for the practise of non-competitive sports activities

The certificate was issued by my physician or a bay a specialist in sport medicine. The examination for the certificate included blood pressure measurement and other exams deemed necessary according to current laws.

B) Certificate of eligibility for participating in sport events at a competitive level

The certificate was issued by my physician or a bay a specialist in sport medicine. The examination for the certificate included blood pressure measurement, electrocardiography exam at reast and under stress, and spirometry exam

The certificate in my possession is valid as of April 8, 2018 since it was released less than a year before this date.

I waive S.S.D RCS Active Team, S.S.D CSAIn Events, CSAIn, EFCS and Timing Data Service srl from any liability for the inability to verify the certificate itself, impossibility due to my negligence in submitting a copy of the certificate

Date: _____ Signature: _____