

RIVIERA D'ABRUZZO HALF-MARATHON - HEALTH FORM

(fill out completely, sign and return by:tel. +39 085 8008697 fax:+39 085 8026031

e- mail: info@runnersadriatico.org

S.S.D. a r.l. Runners Adriatico- Via Gramsci 73/b –64021 Giulianova –TE –ITALIA

I, Dr. (name, surname) _____

born (city, country) _____

on _____ / _____ / _____

with offices at
(complete address) _____

and phone number _____ / _____

declare myself fully responsible and acknowledge the consequences for falsely

declaring that Mr/Mrs/Ms (name, surname) _____

born (city, country) _____

on (dd/mm/yyyy) ____ / ____ / ____

and resident at (complete address) _____

with the following disability (if applicable) _____

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

is in good health and fit to compete in a 21,097 metre half-marathon according to current laws.

This certificate is valid one year from this date.

Date ____ / ____ / ____

Physician's signature _____

Personal history records are held at the main offices of S.S.D a r.l. Runners Adriatico, via Gramsci 73/b –64021 Giulianova –TE- 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.