

HEALTH FORM

(fill out completely, sign and return by e-mail: info@gttconsonno.com)

NAME _____

SURNAME _____

BORN (CITY AND COUNTRY) _____

BIRTHDATE ____ / ____ / ____

WITH OFFICE IN (COMPLETE ADDRESS)

DECLARE MYSELF FULLY RESPONSIBLE AND ACKNOWLEDGE THE CONSEQUENCES FOR FALSELY DECLARING THAT

MR/MRS/MS (NAME, SURNAME) _____

BORN (CITY, COUNTRY) _____

BIRTHDATE ____ / ____ / ____

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 RUN AND COMPLETE IN 16 KM WITH 750 [m] D+, NEXT 21th APRIL 2024 IN OLGINATE (LC) TO CURRENT LAWS.

DATE ____ / ____ / ____

PHIYSICIAN SIGNATURE _____