

HEALTH FORM

Sellaronda Trailrunning 2016

To be filled, signed by the athlete's physician and uploaded to complete the entry to the Dolomites Skyrace

PLEASE, USE BLOCK LETTERS ONLY

I, Dr. (first name, last name)

born (city, country)

on (dd/mm/yyyy)

/ /

with surgery at (complete address)

phone number

email address

declare myself fully responsible and acknowledge the consequences for falsely declaring that

Mr/Mrs/Ms (first name, last name)

born (city, country)

on (dd/mm/yyyy)

/ /

and resident at (complete address)

on the basis of a sporting medical examination done on (dd/mm/yyyy)

/ /

is in good health and fit to compete in the Dolomites Vertical Km / Dolomites Skyrace according to what stated by the Italian current laws.

This certificate is valid one year from this date.

Date _____ Physician's signature _____

In accordance with the Italian Legislative Decree 196/2003 concerning the protection of personal data, we inform you that the Sellaronda Trailrunning Organizing Committee holds information about you gathered in its ordinary course of business. Personal data records 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.