TUSCANY CROSSING – 100 KM VALDORCIA Health Form

(fill out completely, sign and return by e-mail: tuscanycrossing@cronorun.it

I, Dr. (name, surname)				
born (clty, country)				
on (dd/mm/yyyy)	/		/	
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 (clty, 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 run and compete in Tuscany Crossing next 27th april 2019in Castiglione d'Orcia (SI) to current laws				

Date _

Physician's signature