

TORARANDO

Pigna (IM) Italy

September 15th 2019

Fill out completely, sign and return by : e-mail info@super-natural.it

Please use BLOCK LETTERS ONLY

I, Dr (first name, last
name) _____

Born (city,
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 (first name , last
name) _____

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 participate in Torarando (53 km Mountain bike Randoneé) according to current laws.

This certificate is valid one year from this date
In date_____

Physician's signature Stamp of the physician

Personal history records are held at the main offices of Asd Supernatural Racing Team - Im- IT and may be reviewed, altered and deleted at any time upon the individual's request, and addressed to the legal representative responsible for the handing of said records.