



GF PEDALANGHE Mtb

Marathon Bike Cup – Specialized - ITALY

Fill out completely, sign and return by : e-mail info@dynamic-center.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 compete in Pedalanghe (42 km – 23 km Mountain bike competition) according to current laws. The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport cardiovascular intensive activity (cycling races/event)

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 Dynamic Center Valle Belbo –CN- 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.