Name: _____

Surname

MEDICAL FORM FOR THE BASQUE ULTRA TRAIL SERIES

(*) Through the present report, the undersigned doctor, Mr / Ms_____, licensed physician, with registered collegiate number _____ and practicing in the province / country _____

I, hereby declare that, after examining (name and surname):

_____

with DNI / NIE / passport number _____ and date of birth _____

I consider him/her **FIT** to participate in the competition:

- ☐ Basque Ultra Trail Bilbao-Gasteiz
- ☐ Basque Ultra Trail Gasteiz-Iruña
- ☐ Basque Ultra Trail Iruña-Donosti
- ☐ Basque Ultra Trail Donosti-Bilbao

Races over 100 km distance.

Signature and seal of physician:

Place and date: _____

Article 8: MEDICAL CERTIFICATE

In order to formalize the registration, it will be necessary for the participant to send to the organization a medical certificate by regular mail or e-mail (inskripzioak@basqueultratrail.com) that must be in possession of the organization by the closing date inscription.

Those who enroll in more than one race of the BASQUE ULTRA TRAIL SERIES Circuit will need to send a medical certificate, which must be in the possession of the organization no later than the closing day of the registration period of the first of the races in which the participant has been registered.

Failure to send this certificate within the period indicated will result in the cancellation of the registration and the loss of any right to refund the registration fee.

The medical certificate cannot be dated more than six months older than the date of beginning of the race.