

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 (inscripcion@basqueultratrail.com) that must be in possession of the organization at time of registration.

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.

A new medical certificate will be required each year (at time of registration). The medical certificate must be signed and stamped by a doctor, stating his name and collegiate number. Otherwise, the registration will be automatically disabled and the registration fee will not be paid.