

# Roma Ecomaratona

*(fill out completely, sign and return by: - fax: + 39 06 71077050 / +39 06 71073477  
e-mail: info@romaecomaratona.itt – ASD Roma Ecomaratona l Via Sagunto 15/c, Roma 00174*

**PLEASE, USE BLOCK LETTERS ONLY**

I, Dr. (name, surname)

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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 (name, surname)

-----

born (city, country)

-----

on (dd/mm/yyyy)

----/----/-----

and resident at (complete address)

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with the following disability (if applicable)

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based on a sport physical exam done by me on (dd/mm/yyyy)

----/----/-----

is in good health and fit to compete in a 42,195 metre trail marathon according to current laws.  
This certificate is valid one year from this date.

Date ----/----/-----

**Physician's signature** -----

*Personal history records are held at the main offices of ASD Roma Ecomaratona, l Via Sagunto 15/c,  
00174 Roma Rome, and may be reviewed, altered and deleted at any time upon the individual's  
request, and addressed to the legal representative responsible for the handling of said records.*