



**MEDICAL CERTIFICATE OF NOTCONTRAINCATION FOR PRACTICE
ON FOOT ULTRADISTANCE RACE**

The undersigned. Dr. _____

With chartered number _____

Certify having examined _____

With ID number _____

And declare have not found any contraindication for the participation in a mountain ultradistance race on foot.

/ /
DATE

STAMP

DOCTOR SIGNATURE

IMPORTANT: For the assignment of the bib race it is necessary this document. None of the registered runners will receive their bib number or participate in the race without the previous presentation of this document correctly filled before **March 1, 2023**. This document must be uploaded on the website www.penyagosatrails.com.

**The organization will not accept any documents sent by post, e-mail, fax...
The organization will not accept any manipulated or falsified document.**