

CHIANTI CLASSICO MARATHON – 7 GIUGNO

2020

Health Form

(fill out completely, sign and return by: fax + 39.0587240030 – e-mail: iscrizioni@toscanatiming.it)

I, Dr. (name, surname)

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)

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 run and compete in 45 or 21 km next 7th June 2020 in Mercatale (FI) to current laws

Date

Physician's signature