



**MEDICAL CERTIFICATE OF NOTCONTRAININDICATION 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:

- The maximum admissible age/length of the medical report will be one year from the date of the race
- For the assignment of the bib race it is necessary this document.
- None of the registered runners will participate in the race without the previous presentation of this document correctly filled before **March 1, 2025**.
- This document must be uploaded on the website www.penyagolosatrails.com.

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