

23° GARDA TRENTINO HALF MARATHON 9th NOV 2025 health form

FILL OUT COMPLETELY, SIGN, STAMP AND RETURN

by e-mail gthm@icron.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)
The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity. This certificate is valid one year from this date. PHYSICIAN'S SIGNATURE / /
Personal history records are hel at the main offices of Trentino Eventi SSD a r.l. · Piazza Mercato 16 - 38074 Pietramurata di Dro (TN) 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 such records.