

Name: _____

Surname: _____



MEDICAL FORM FOR THE BOCINEROS DEIADAR XTREME

(*)Through the present report, the undersigned doctor, Mr / Ms _____, licensed physician, with registered collegiate number _____ and practicing in the province / country _____

I, hereby declare that, after examining (name and surname):

_____ with DNI / NIE /
passport number _____ and date of birth _____ I consider him/her FIT to
participate in the competition::

- Bocineros Diadar Xtreme 45K
 Bocineros Deiadar Xtreme 105 K
 Bocineros Deiadar Xtreme 200 K

Signature and seal of physician:

bocineros Xdeiarar
Xtreme

Place and date:: _____

Rules Bocineros Deiadar Deiadar Xtreme

Article 8- MEDICAL CERTIFICATE

In order to formalize the registration, it will be necessary for the participant to send to the organization a medical certificate by regular mail or e-mail (inskripzioak@basqueultratrail.com) that must be in possession of the organization by the closing date inscription

Those who enroll in more than one race of THE BOCINEROS DEIADAR XTREME will need to send a medical certificate, which must be in the possession of the organization no later than the closing day of the registration period of the first of the races in which the participant has been registered.

Failure to send this certificate within the period indicated will result in the cancellation of the registration and the loss of any right to refund the registration fee.

The medical certificate cannot be dated more than one year older than the date of beginning of the race.