

Medical Certificate

Competitive sport activity

The undersigned(licensed physician), on the basis of the medical tests:

- medical visit
- test of urines (urinalyses)
- electrocardiogram at rest and stress test
- spirometry

diagnostic tests as by the Italian law to be able to practice competitive sports activities (Ministerial Decree 18/02/1982).

certify that

NameSurname.....

Born.....in.....

Resident in.....in.....

can practice competitive Athletics sport activity.

This certificate is valid for.....

and will expire on.....

Date,

The Doctor

(stamp e signature)

Certificat medical

Activités sportives compétitives

Le soussigné..... (médecin autorisé) sur la base d'une
évaluation médicale effectuée:

- examen physique,
- examen complet de l'urine,
- un électrocardiogramme au repos et après l'exercice,
- spirométrie,

inspection conforme aux tests diagnostics prévus par la loi applicable en Italie
pour être en mesure de exercer des activités sportives compétitives (Décret
Ministériel 18/02/1982).

certifie que

Nom.....Prenom.....

né le.....à.....

et résident à.....

en.....

peut exercer des activités sportives compétitives d'Athlétisme.

Ce certificat est valable pour

et prendra fin le.....

Date,

Le Médecin

(timbre et signature)



LIABILITY WAIVER AND HEALTH INFORMATION

Important! Read Carefully Before Signing

This document outlines the key points regarding participation in the **CR10 RUN 2026**. It covers both the liability waiver and health check recommendations.

Taking Responsibility

- You are responsible for your health and fitness before, during, and after the race.
- Participate only if you are in good physical condition and have trained adequately.
- Review the health check list provided to assess your suitability for the race.

Race Day Considerations

- If you get injured, sick, or have an accident, medical aid will be available. Ensure your emergency contact information is complete on your bib number.
- No substitutions are allowed. Only registered runners can participate.
- The organizer reserves the right to use race-related media (photos, videos) for promotional purposes.
- Enter the starting area only through designated zones.
- By registering, you agree to abide by all event rules outlined on the website and registration form.

Health Check Recommendations – Section A

Consulting your doctor is highly recommended, especially if you answer "yes" to any of the following questions:

- Do you have a diagnosed heart condition or are currently undergoing treatment for one?
- Have you ever fainted?
- Have you experienced chest pain or dizziness while exercising?
- Does a close relative have a history of sudden cardiac death?
- Has it been over a year since your last physical exam?
- If any of the questions in Section A apply to you, schedule a physical and heart checkup with your doctor.

Note: No medical certificates are required. The health check list is for your own reference.

Additional risk factors for heart-related issues - Section B

- High blood pressure
- Diabetes or high blood sugar
- High cholesterol or triglycerides
- Smoking



Discuss your participation and any necessary examinations with your doctor to ensure your safety on race day.

I hereby comply with the terms described above and after reading the health check list I confirm I can take part in the race.

Athlete Name: _____

Participating in the **CR10 RUN 2026 and running 10 km. as per race regulations.**

Provide emergency contact information (name and phone number).

Name _____ **Telephone** _____

Sign and date the form after carefully reviewing all sections.

Date, _____

Signature _____



DECLARATION athlete licensed or registered for a Foreign Federation

First Name, Last Name

born on(dd/mm/yyyy)

born in (city, country)

nationality

gender(M/F)

resident at (complete address)

declares that

is registered for or licenced by the following Federation affiliated to World Athletics:

Federation name

Club / Team (if applicable)

Card number / code (if applicable)

I hereby declare myself fully responsible for this declaration, acknowledging the legal consequences of a false statement.

DATE (dd/mm/yyyy)

SIGNATURE



DÉCLARATION athlète licencié ou enregistré pour une Fédération Étrangère

Prénom, Nom

né le (jj/mm/aaaa)

Né à (ville, pays)

nationalité

sexe (M/F)

résident à (adresse complète)

déclare que

est inscrit ou licencié par la Fédération suivante affiliée à World Athletics:

Nom de la Fédération

Club / équipe (le cas échéant)

Numéro / code de la carte (le cas échéant)

Je déclare être entièrement responsable de cette déclaration, en reconnaissant les conséquences juridiques d'une fausse déclaration.

DATE (jj/mm/aaaa)

SIGNATURE
