

MEDICAL CERTIFICATE

I, _____, certify that, after a medical examination of the athlete _____, born on ___ / ___ / ___, holder of identification document n.º _____, valid until ___ / ___ / ___, declare that there are no medical contraindications for him/her to participate in a competitive long-distance race such as ALUT (300km), which will take place from November 28th to December 1st, 2024.

Date: ___ / ___ / _____

Doctor's signature:

Professional order stamp and number:

This medical certificate must be sent through e-mail to info@alut.pt by November 15th, 2024. Failure to submit this certificate or equivalent will result in disqualification from participating in ALUT 2024.

This medical certificate is necessary for participation in the 2024 edition of the ALUT-Algarviana Ultra Trail event. Without it, along with the liability waiver, the bib will not be delivered.