

DECLARATION OF POSSESSION OF MEDICAL CERTIFICATION

I, _____, enrolled in the UniCredit Relay Marathon of April 7, 2024, declare to be in possession of the medical certificate required to participate in the event, that is, at least one of the following certificates:

A. Certificate of eligibility for the practice of non-competitive sports activities.

The certificate was issued by my physician or a by a specialist in sports medicine. The examination for the certificate included blood pressure measurement and other exams deemed necessary according to current laws.

B. Certificate of eligibility for participating in sport events at a competitive level.

The certificate was issued to me by a doctor with a specialization in sports medicine. The examination for the certificate included blood pressure measurement, electrocardiography exam at rest and under stress, and spirometry exam.

The certificate in my possession is valid as of April 7, 2024 since it was released less than a year before this date. I waive S.S.D. RCS Active Team a r.l., RCS Sports and Events Srl and their suppliers for online registration and registration secretarial services from any liability deriving from the inability to verify the certificate itself, inability due to my negligence in submitting a copy of the certificate.

Date: _____ Signature: _____