



MEDICAL CERTIFICATE

The undersigned Doctor

Address.....

Medical agreement registration number.....

Certify having today duly examined Miss/Madam/Sir:.....
.....

and declare that he/her doesn't show any contraindication with the practice of running in competition in a natural environment, for 5 consecutives stages of 40 km (approximately), with average gain or lost of altitude of 1500 m per day, during the Trail "Costa Rica Trail, La Transtica in Costa Rica.

Date and venue:

Stamp and signature:

Attention please:
This medical certificate must have been issued less than 3 months before the registration date or ideally before the race date