



I hereby certify that ID/ Passport N° is medically cleared to participate in Patagonia Run 2025, on April 9th, 10th, 11th, 12th & 13th, in the following distance: 10k / 21k / 42k / 70k / 110k / 100 Miles / PRVertical.

(Available info on race course, altimetry, terrain and weather in www.patagoniarun.com)

Place and Date:

[Date must be between 1/01/2025 and 11/04/2025]

This medical clearance shall be valid until (date) / /..... (dd/mm/yyyy)

Observations:

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Physician's Seal - Signature - License Number

Participant's Signature and ID