



I hereby certify that ID/ Passport Nº is medically cleared to participate in Patagonia Run 2024, on April 3rd, 4th, 5th, 6th and/or 7th, 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 3/01/2024 and 5/04/2024]

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