



I hereby certify that ID/ Passport Nº is medically cleared to participate in Patagonia Run 2026, on April 8th, 9th, 10th, 11th & 12th, in the following distance: ☐ 10k / ☐ 21k / ☐ 42k / ☐ 70k / ☐ 110k / ☐ 100 Miles.

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

Place and Date:

[Date must be between 1/01/2026 and 10/04/2026]

Observations:

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Physician's Seal - Signature - License Number