



## MEDICAL CERTIFICATE

Madeira Island Ultra-Trail® 16th edition 26th & 27th April 2025

### COMPETITOR'S DECLARATION

I hereby certify:

- That I do not take any doping substance to participate in this race.
- That I know the length and specificities of this trail which takes place in Madeira Island, mostly in mountainous terrain, in conditions that can prove excruciating [humidity, temperatures varying from -2° to 30° Celsius and at altitudes ranging from 5 to 1760m]. It requires not only an excellent physical condition but also a proven capacity to self autonomy.
- That I have informed the doctor about the specificities of this race and given him all information regarding my physical condition.

### MEDICAL CERTIFICATE

Doctor's name: .....

Surgery address: .....

Postal code: ..... Town: ..... Country: .....

1 - I certify that, after examination,

Mr./Mrs./Miss: .....

Date of birth: ..... / ..... / .....

2 - Presents no medical contraindication to taking part in competition of the following long distance mountainous trails.

<input type="checkbox"/>	MIUT® 115
<input type="checkbox"/>	MIUT® 85

<input type="checkbox"/>	MIUT® 60
<input type="checkbox"/>	MIUT® 42

3 - Doctor's Signature.

Date:

Signature:

Doctor's seal:

After being filled and signed by your doctor this document must be uploaded in participants private area of their registration until 15 March 2025. Without uploading the Medical Certificate, the participant will not be able to participate in the event.