



SPARTANION
Σ4H | 100M | 100K

MEDICAL APPROVAL

I, the undersign, _____ confirm that I have examine:

Given name: _____

Family name: _____

ID number: _____

(Hereinafter "**the athlete**")

The athlete has been examine and was checked and found fit to run Ultra Marathon races.

This approval is valid for the 2021 SPARTANION.

This approval is valid for at least 3 months since my signing, Today, ___ in _____, year _____

Stamp and signature of physician