

MEDICAL APPROVAL

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

Given name: _____

Family name: _____

ID/Passport number: _____

(Hereinafter "**the athlete**")

The athlete is capable and fit to participate in Spartanion and to run 24-hour / 100 Miles / 100 km, and it does not consist harm to the athlete health.

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

Stamp and signature of physician