



MEDICAL CERTIFICATE ⁽¹⁾

This is to certify that

Mr./Mrs.....

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Date of birth..... after having gone through the necessary medical check up he/she is considered to be capable of taking part in the Olympian Race (Anc. Nemea – Olympia 180 kms distance and 28 hours).

City – Country

.....

Date, Signature of the doctor

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Athlete's signature

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Note: The certificate must be later than the 15th of February 2023

(1) It concerns the OLYMPIAN RACE (Anc. Nemea – Olympia)