

MEDICAL CERTIFICATE

OSLO BERGEN TRAIL 2. edition, 6-15. July 2023

COMPETITORS 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 in mountain terrain under weather conditions that can be rapidly changing and demanding (with temperatures varying from -5 to + 25 Celsius and at altitudes ranging from 50-1460 masl). This 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 have given the doctor all information regarding my physical condition

Competitors signature: _____ Date: _____

MEDICAL CERTIFICATE

Doctor's name: _____

Medical office address: _____

Postal code: _____ City: _____ Country: _____

I certify that, after examination,

Mr/Mrs/Miss: _____

Date of birth: _____

Presents no medical contraindication to take part in **Oslo Bergen Trail**, 500 km, 16.000m elevation gain, 6-15. July 2023

Doctor's signature: _____

Date: _____

Medical stamp:

NB: Please note that the medical certificate is to be returned to info@oslobergentrail.com no later than 15.05.2023. If the medical certificate is not returned within the given date, this will result in cancellation of the registration.