

## MEDICAL CERTIFICATE

### OSLO BERGEN TRAIL 3. edition, 3-12. July 2025

#### 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 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 3-12. July 2025**

☐ 500 km, 16.000 m elevation gain

☐ 300 km, 13.000 m elevation gain

☐ 120 km, 7.500 m elevation gain

Doctor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical stamp:

**NB:** Please note that the medical certificate is to be returned to [info@oslobergentrail.com](mailto:info@oslobergentrail.com) no later than 15.05.2025. If the medical certificate is not returned within the given date, this will result in cancellation of the registration.