

MEDICAL CERTIFICATE 2024

Diagonale des fous :32 th edition-Trail de Bourbon 25th edition Mascareignes 14th edition Zembrocal trail 8 th edition- Métis trail 1th édition October 17th to 20th 2024

COMPETITOR'S DECLARATION

	DECLARATION	
☐That I know th mountainous terr Celsius and at alti a proven capacity ①That I have info my physical condi ①That I have famil read the medical Date: Participant's s	med my GP about the specificities of this race and given him all information region. Arized myself with the conditions under which medical assistance is provided and that dvice given next page (10 Golden rules). urname and Christian	to 30° ut also arding
name: Place: Signatu		
	MEDICAL CERTIFICATE	
Doctor's name :		
Surgery address:		
Postal code :	Town: Country:	
1- I certify that, after		
examination, Mr./ Mr	./ Miss :	
Surname :		
	medical contraindication to the practice of a physical activity IN COMPETITION of very aims and to its participation in the following race.:	long
θ Diagonale des fou		
θ Trail de Bourbon		
θ Mascareignes		
θ Métis Trail		
θ Zembrocal trail N	me of your team :	
V	That is your relay (1st, 2 ^{nd,} 3rd or 4th)?:	
3-I have read the med Date :	cal recommendation given in the following page. Doctor's seal :	
Place:	Signature :	
CERTIFICATE. No reginate the GRAND RAID Asso	GNMENT OF THE BIB NUMBER IS SUBJECT TO THE PRODUCTION OF THIS stered competitor will be able to receive their bib and take the start under cover ciation without the production of the certificate downloadable in your runner st en 01/05/24 and 31/08/24.	

MEDICAL RECOMMENDATIONS

