

HEALTH STATEMENT

I have full knowledge and know of the explicit request for a MEDICAL CERTIFICATE containing my blood type, Rh factor, allergies, use or not of controlled medications, if there are special needs, by organizing the AMAZONIAN EXTREME event, both via communications and as specified in the Race Regulation and I did not present it for personal reasons.

I declare that I am aware that I will participate in a high-performance event, that my physical and psychological conditions are adequate to participate in this event.

I am FIT!

I further declare that the clinical and physical examinations to assess my capacity have been carried out and all information provided by me to the organization of the said event is true, and I hereby sign this undersigned statement.

Name: _____

Signature: _____

RG / BI or Passport No: _____ DATE: ___ / ___ / _____

Blood type and RH factor _____

Allergies: _____

Use of medication: _____

Special needs: _____