



# Medical Certificate

Non-indication against the practice of running in competition.  
pursuant to Articles L. 231-2 and L. 231-3 of the Sports Code in France

## Declaration on Honor from the Runner

I hereby, the runner, certify:

- Not using doping products to participate in this race;
- Being informed of the length and specificity of the race, which takes place in Haute-Provence, in the mountains, in environmental condition which can be very difficult, requiring a very good training and a real capacity of personal autonomy;
- Having informed the doctor who writes the medical certificate below the specificity of this race and reported to him all medical information about me;
- Having read the regulation of the race.

Date :

Runner's Surname and First name:

Done at :

Signature (mandatory):

## Medical certificate

I hereby Doctor: .....

Office address: .....

Post Code: ..... Town: ..... Country: .....

Certifies :

- 1- Having examined Mr / Mrs / Ms:

**Surname** : ..... **First Name** : .....

Date of birth: ..... /..... /.....

- 2- To have found so far no medical indication against the practice of pedestrian race, long distance physical activity in the mountain and his/her participation in one of the following race:

- **Ultra de Lure (Solo or Duo)**
- **Marathon de Lure**
- **Trail des Bories**
- **Trail des Mourres**
- **TRAIL Femina Tour®**
- **CitaTrail**

Date : ..... Official Doctor's stamp (mandatory)

Done at : ..... Doctor's signature (mandatory):

**IMPORTANT** : No registered competitor will receive his number and race under cover of OUTDOOR EVENTS IN PROVENCE Association without such a certificate duly completed, dated less than 1 year to the day of the race (see [article VI du règlement du Trail de Haute Provence®](#)).