

Medical Certificate¹

5th Triathlon EDF ALPE D'HUEZ

I, the undersigned, Dr

hereby certify having examined, on today's date, Mr / Ms

and not having found, as of this date, any clinical signs that would constitute a contraindication to Triathlon practice in a competition setting.

Signed in

on

Mandatory: Signature and Stamp

1- In order to validate the registration, you will need a medical certificate attesting to an absence of contra-indications for Triathlon practice in a competition setting, dating from less than one year before the day of the competition, to be sent to the following address:
Cyrille Neveu, 6, Chalet du Grand Broue - 38750 Huez - France (postal address of the organisation)