



**Delicious Trail  
Dolomiti**

HORIZONS OF YOUR SOUL

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2026**

Non-Italian athletes *must provide a medical certificate in accordance with the Italian law* (DM 18/02/1982). This medical certificate of fitness for competitive sports/athletics complies with Italian law.

It is compulsory to use this form to ensure that all medical certificates from different countries are valid. No other certificate will be accepted.

It must be filled in, dated and signed by the doctor, who stamps it and states his professional number.

Please upload your medical certificate to your personal area using the link provided in your registration confirmation email.

Failure to provide this will result in the entry being cancelled and no refund given.

The medical certificate is mandatory for participation in the race.

### **MEDICAL CERTIFICATE**

I, the undersigned doctor \_\_\_\_\_ certify that  
the medical examination of:

Surname: ..... First name: .....

born on the \_\_\_\_/\_\_\_\_/\_\_\_\_, does not reveal any contraindication to running at a competitive level.

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

Validity of the certificate: \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp/seal and professional number: \_\_\_\_\_