

MEDICAL CERTIFICATE OF THE ATHLETE

The undersigned....., doctor of
..... verify that has
passed the necessary medical tests and is capable of participating in the 6km race << SWIM
ACROSS CORINTH CANAL >> which will be held on September 27, 2016 at the Corinth Canal.

It is verified that the above athlete is fully responsible for his/her personal health and
physical integrity with regard to the specific requirements of such a swimming race.

Date // 2016

The Doctor

SIGNATURE