

COMPETITOR'S DECLARATION

I hereby certify:

- That I do not take any doping substance to participate in this race.
- That I know the length and specificities of this trail which takes place in Madeira Island, mostly in mountainous terrain, in conditions that can prove excruciating (humidity, temperatures varying from -2° to 30° Celsius and at altitudes ranging from 5 to 1800m). It requires not only an excellent physical condition but also a proven capacity to self autonomy.
- That I have informed the doctor about the specificities of this race and given him all information regarding my physical condition.

MEDICAL CERTIFICATE

Doctor's name: _____

Surgery address: _____

Postal code: _____ City: _____ Country: _____

1 - I certify that, after examination,

Mr./Mrs./Miss: David Bradley-Jones

Date of birth: 13/02/1974

2 - Presents no medical contraindication to taking part in competition of the following long distance mountainous trails.

☒ MIUT LEGEND® 110kms 7200D+
 ☐ MIUT ADVANCED® 80kms 4800D+
 ☐ MIUT DISCOVER® 56kms 2810D+
 ☐ MIUT MARATHON® 40kms 1450D+

3 - Doctor's Signature.

Date:

Signature:

Dr. Med.

After being filled and signed by your doctor this document must be uploaded in participants private area of their registration until 30 March 2026. Without uploading the Medical Certificate, the participant will not be able to participate in the event.