



The undersigned \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Requests the issuance of the day pass for the following event

**8th GRANFONDO SQUALI – CATTOLICA AND GABICCE MARE**

on **14/05/2023** Organized by **ASD VELOCLUB CATTOLICA** Code **08RN021**

**Health disclosure statement**

**Competitive cycling:** For the category "Cicloamatoriale", the participant must provide a Health Certificate for Competitive Cycling based on an annual medical examination by a recognized Sports Medicine Center.

I hereby declare that I have been found fit for the practice of Competitive Cycling and submit a true copy of the Health Certificate for Competitive Cycling, expiring on \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Signature of Cycling Club Manager  
attesting receipt of copy of certification

**Cycling sports activity (for routes of over Km. 70):** For the category "Ciclosportiva", in order to participate in Granfondo races, the participant must provide a Health Certificate for Competitive Cycling based on an annual medical examination by a recognized Sports Medicine Center.

I hereby declare that I have been found fit for the practice of Competitive Cycling and submit a true copy of the Health Certificate for Competitive Cycling, expiring on \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Signature of Cycling Club Manager  
attesting receipt of copy of certification

**Declaration of the Membership cardholder expressing consent to processing of personal data**

I, the undersigned, HEREBY GIVE MY CONSENT to the processing of my personal data by the A.C.S.I. Cycling Division for purposes related exclusively to this event

\_\_\_\_\_  
Participant's signature

I, the undersigned, HEREBY GIVE MY CONSENT to the processing of my personal data by the A.C.S.I. Cycling Division for purposes related exclusively to the distribution of informative material about its business and that of its Business Partners.

\_\_\_\_\_  
Participant's signature