



Medical Clearance Statement

(Athlete's Name) _____,

a triathlete, has entered an ultra-distance triathlon that is being conducted by USA Ultra Triathlon on 9/10 March 2018 at Lake Louisa State Park, Clermont, Florida. The Double ANVIL Triathlon consists of a 4.8 mile swim, 224 mile bike, and 52.4 mile run with a time limit of 36 hours.

To my knowledge, this athlete is physically healthy and from my professional opinion as a medical doctor, he/she presents no signs of any significant health issues warranting that he/she abstain from taking part in the Double ANVIL.

This medical clearance statement must be dated no more than one year from race check in (8 March 2018); and has to be either mailed in or brought to race checkin. Without the medical clearance statement, the athlete will not be allowed to participate in the race. This is part of the International Ultra Triathlon Assc rules: Article 4.

Signed _____(Physician)

Name _____

Employer _____

Address _____

City, State, Zip _____

Date _____