

**Medical Certificate certifying the aptitude to practice canoe or kayak in competition**

I, undersigned Dr .....

Practicing at: .....

Certify that I examined Mr or Ms.....

Living at: .....

And that Mr or Ms ..... do not show medical or health problems that could make his or her participation to a canoe or kayak competition problematic for his or her health or life.

**Marathon International  
des Gorges de l'Ardèche**

Made at..... On (date).....

Signature: