LA CORDILLERA CHALLENGE 2026

LCC 130K | ATHLETE MEDICAL DOCUMENTATION

MEDICAL CERTIFICATE OF FITNESS TO PARTICIPATE

1 | ATHLETE INFORMATION

Full name: _____

Date of birth (DD/MM/YYYY): _____ Passport / ID: _____

Event / race: La Cordillera Challenge 2026 — LCC 130K (three-day stage race)

2 | MEDICAL CERTIFICATION (TO BE COMPLETED BY A LICENSED PHYSICIAN)

I, the undersigned licensed medical practitioner, certify that I have personally examined the athlete identified above. Based on my clinical evaluation and the information available at the time of examination, I have not identified a medical contraindication to the athlete's participation in La Cordillera Challenge 2026 — LCC 130K, a three-day, multi-stage trail running event involving prolonged physical exertion, significant elevation changes, technical mountain terrain, and potentially challenging environmental conditions.

This opinion reflects the athlete's condition at the time of examination. It does not guarantee safety or exclude the possibility of illness, injury, or medical complications during the event. The athlete must inform the event medical team of any material change in health before starting.

3 | PHYSICIAN INFORMATION

Physician's full name: _____

Medical license / registration no.: _____

Specialty (if applicable): _____

City / Country: _____

Date of examination (DD/MM/YYYY): _____

Physician's signature: _____ Official stamp: _____

Note: This certificate is intended for LCC 130K participants only. It does not replace the event liability waiver or the organizer's race-safety procedures.