



(Athletes full name) _____

a athlete, has entered an ultra-distance triathlon, Aquavelo or duathlon that is being conducted by uSA Ultra Triathlon on March 10 - 11, 2023 at Lake Louisa State Park in Clermont, Florida. The Double ANVIL Triathlon™ consists on a 4.8 mile run, 224 mile bike and a 52.4 mile run with a time limit of 36 hours. The Aquavelo is a 4.8 mile swim and a 224 mile bike in a 36 hour time limit. The Duathlon is a 224 mile bike and a 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 sigs of any significant health issues warranting that he/ she abstain from taking part in the Double ANVIL™ Triathlon, Aquavelo or Duathlon.

This medical clearance statement must be dated no more than one year from race check in on March 9, 2023. This form must be emailed or brought to check in by any athlete racing a Double ANVIL or more. Without the medical clearance statement, the athlete will not be allowed to participate in the race.

Physician Signature: _____

Physician Name: _____

Employer: _____

Address: _____

City, State, Zip: _____

Date Signed: _____