

GOOD HEALTH DECLARATION / CERTIFICATION

The undersigned Mr/Mrs.....

who will participate on the hiking tour.....

on/...../2021, can confirm that I do not suffer from any of the following :

-Heart diseases(heart failure, ischemia, coronary heart disease, cardiac arrhythmias, pericarditis or myocarditis)

-Lung diseases (asthma, emphysema, chronic bronchitis, chronic obstructive pulmonary disease).

-Allergies(any known allergies such as in bee sting, snake bite, dust or mold).

-Orthopedic diseases(knee or ankle osteoarthritis, lumbago, meniscus or ligament problems, tendonitis)

I also confirm that my physical condition is suitable in order to accomplish the indicated difficulty levels according to the description of the above mentioned hiking tour which I have already read and agreed to participate.

In case of sea activity(SUP or Kayak) I confirm that I know how to swim.

The declarant (signature & full name)

Corfu/...../2021