Surat Pernyataan Khusus Kehamilan

*Declaration of Pregnancy*

Dengan surat ini, saya yang bertandatangan dibawah ini:

*I, the undersigned below,*

Nama Lengkap : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full Name*

No. KTP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Identity Number*

Alamat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*

Tempat &

Tanggal Lahir : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place & Date*

*Of Birth*

No. Telepon : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone Number*

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email*

Dengan ini menyatakan bahwa saya telah memperoleh surat izin / rekomendasi dari dokter ahli mengenai kondisi kehamilan saya dan partisipasi saya di LPS Monas Half Marathon 2025. Saya sadar dan menerima bahwa partisipasi saya di LPS Monas Half Marathon 2025 memiliki resiko kesehatan terutama dalam masa kehamilan saya. Saya telah membaca syarat dan ketentuan dari LPS Monas Half Marathon 2025 dan membebaskan penyelenggara serta seluruh pihak terkait dari segala tuntutan yang dapat terjadi dari kepartisipasian saya di LPS Monas Half Marathon 2025.

*Hereby declare that I have obtained a letter of permission/recommendation from an expert doctor regarding the condition of my pregnancy and my participation in LPS Monas Half Marathon 2025. I am aware and accept that my participation in LPS Monas Half Marathon 2025 has health risks, especially during my pregnancy. I have read the terms and conditions of LPS Monas Half Marathon 2025 and allow the organizers and all related parties from all claims that may occur from my participation in LPS Monas Half Marathon 2025.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ttd dan Nama Jelas)

*(Sign & Name)*