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 Run The City 2024. Saya sadar dan menerima bahwa partisipasi saya di Run The City 2024 memiliki resiko kesehatan terutama dalam masa kehamilan saya. Saya telah membaca syarat dan ketentuan dari Run The City 2024 dan membebaskan penyelenggara serta seluruh pihak terkait dari segala tuntutan yang dapat terjadi dari kepartisipasian saya Run The City 2024.

*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 Run The City 2024. I am aware and accept that my participation in Run The City 2024 has health risks, especially during my pregnancy. I have read the terms and conditions of Run The City 2024 and allow the organizers and all related parties from all claims that may occur from my participation in Run The City 2024.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024

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

( ttd dan Nama Jelas)

*(Sign & Name)*