

Medical Release Form - Sacramento Bike Hikers

I, _____, authorize the bearer to request, authorize, contact
(Please Print Name) and direct any and all necessary medical care for me.

Participant's Signature _____
(Parent's signature required if participant is under 18 years of age.)

General Medical Information

Allergies to Medicines _____

Medical Conditions _____

Insurance Carrier _____ Medical I.D. No. _____

Emergency Contact Person _____ Relationship _____

Contact's Phone Number _____ (Day Time) _____ (Evening)

The Sacramento Bike Hikers do not carry medical insurance to cover any injuries. You are responsible to have your own medical coverage.

- Instructions: 1) Fill out this form
2) Print the filled out form,
3) Sign the printed form,
4) Return the signed form to the Tour Leader(s).

Or just print out the form, then fill in, by hand,
sign it, and return it to the Tour Leader(s)