

EMERGENCY INFORMATION

For Participation in Solar BikeRayce USA 2004

School/Company _____ Bike # _____

Name _____ Date of Birth _____
 Last First MI Month Day Year

Tel: _____ Email: _____

Home Address _____
 Street Address City State Zip Code

In case of emergency contact _____ relationship _____

Phone # _____ - _____ - _____

Emergency 2nd contact _____ relationship _____

Phone # _____ - _____ - _____

All of the above information is required for participation in Solar BikeRayce USA.

Past/Current Illness or Problems:

Please list any illness or physical disorder that we should know about in case of a medical emergency: _____

Do you have any allergies or have you ever reacted unfavorably to any drug, medicine or other substance? No Yes, please explain _____

Physician/Medical Contact _____ Tel: _____

Health Insurance Co: _____ Tel: _____

Health Ins. Policy #: _____

PLEASE SIGN ONLY ONE OF THE LINES BELOW

<p>I allow Solar BikeRayce USA or their assignees to use or release this information to appropriate medical professionals in the case of emergency.</p> <p>_____</p> <p style="text-align: center;">participant/ or legal guardian if under 18</p>	<p>For those NOT wishing to divulge medical information:</p> <p>I do not wish to divulge any of the above information and will hold Solar BikeRayce USA, its sponsors, agents, employees, and participants blameless if such information is deemed helpful in a medical emergency.</p> <p>_____</p> <p style="text-align: center;">participant/ or legal guardian if under 18</p>
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