

MEDICAL FORM

This must be signed and handed in along with your P4P11 Sign Up form



YOUR DETAILS

Medical Information

Do you consider yourself to have any medical conditions we should know about? Please list here any relevant medical conditions (including allergies), you feel the organisers should be aware of:

First Name:

Surname:

Date of Birth:

Age (at time of ride):

Sex (M/F):

Address:

.....

Post Code:

Daytime Tel No:

Mobile Tel No:

Email Address:

Consent

I, the undersigned, have detailed all my medical conditions that may be of concern to the organisers of the bike ride. I consent to actions that include any emergency or surgical first aid treatment provided with best intention by any persons/staff involved. I understand that the event organisers will make every reasonable effort to contact me and/or my next of kin as soon as reasonably possible regarding such treatment. HTAFC, YAA, the Town Foundation, their employees or P4P organising members are not responsible for any injury, loss or damage of any kind sustained by any person while participating in P4P11 including injury, loss or damage which might be caused by the negligence of the companies or its employees

Signed:

Date:



NEXT OF KIN

Name:

Relationship to you:

Address:

.....

Postcode:

Daytime Tel No:

Mobile Tel No:

GP Contact Details

GP Name:

Surgery Name:

Address:

.....

Tel No: