



# Cyclist Medical Form

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 BIB # \_\_\_\_\_ Team Captain: \_\_\_\_\_

### In Case of Emergency, Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Primary Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Are you currently taking any medications? If so, what? \_\_\_\_\_

Do you have an allergy to any food, drug or other substance? \_\_\_\_\_

Please provide any additional information about you that a doctor would find useful in treating you.

List any past medical problems \_\_\_\_\_

List any surgeries you may have had \_\_\_\_\_

What Health Insurance Provider to you have? \_\_\_\_\_

Policy or certificate number: \_\_\_\_\_

**Consent to Medical Care and Treatment:** My signature authorizes all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required.

Signature \_\_\_\_\_

### WAIVER AND RELEASE FROM LIABILITY

With respect to the **Bike MS** event to be held on the \_\_\_ day of \_\_\_\_\_, 2014 with the National Multiple Sclerosis Society (NMSS), Upstate New York Chapter, for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity.

I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless the NMSS, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation.

I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event in any promotional material, publication, or on the website.

I do agree and accept full responsibility to obey the traffic and rules of safety for the event and understand that the NMSS holds the right to dismiss anyone that may cause a disturbance during this event or disregard the rules with respect to safety.

I certify that I have read and understand the intent of this waiver and release.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Printed: \_\_\_\_\_ Cell phone (if available): \_\_\_\_\_

If participant is under 18, parent/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of guardian (18 or older) during the event: \_\_\_\_\_ Cell phone (if available): \_\_\_\_\_

Notary Signature (required for riders under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_