

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)