



PRE-TRIP MEDICAL INFORMATION FORM

Sacred Rides Mountain Bike Adventures

Please fill out the following information to the best of your abilities. Your clear, honest responses to these questions will ensure that we are well-prepared and informed to deliver you the safest trip possible.

Please note that we cannot allow you to participate in a trip without providing us with this completed form.

Name: _____

Date of Birth: _____

Emergency Contact

Name: _____ Phone Number: _____

Relationship to you: _____

Travel/Medical Insurance Information* (please enter provincial health care # if Canadian)

Please note that your lead guide will confirm that your insurance covers the full duration of your trip, and if your insurance is not valid, you will be prohibited from participating in the trip)

Provider: _____

*For trips outside of Canada

Policy #: _____

Worldwide contact #: _____

Swimming: I am capable of swimming 25 m (80 feet) or greater: yes no

Medical History – please list any relevant illnesses, surgeries or medical conditions:

If you have complex medical issues, please have your doctor contact us prior to your trip

Allergies – please list any allergies and medications required to control them:

Permission: I give permission to Sacred Rides Mountain Bike Holidays and its staff to offer first-aid treatment in the event of an emergency.

YES NO

Signed, this ____ day of _____, 20__

Participant signature