



Statement and Release Regarding Medical Condition

To be completed by participant and returned to ALYN Hospital (contact info below):

Confidential Assessment of Physical Fitness to participate in the ALYN Hospital "GalgALYN" Bike Ride 20_____.

To be filled out by Participant:

Name _____

ID# (SS/Passport) _____ Date of Birth _____ (dd/mm/yy)

1) List present or past conditions or injuries that may affect your ability to take part in the Ride (such as hypertension, cardiovascular diseases, neurological disorders, diabetes, arthritis, etc.), or if none, state "none".

2) I take the following medications routinely (including alternative medications):

3) Have you received a tetanus inoculation within the past five years? Yes No

If not when was your last inoculation? Year _____

4) Other health information that the organizers should be aware of:

BELOW IS MY MEDICAL CLEARANCE FORM, SIGNED BY A PHYSICIAN, WHICH IS REQUIRED TO ALLOW ME TO PARTICIPATE IN THE ALYN HOSPITAL GalgALYN BIKE RIDE 20____. I HEREBY AUTHORIZE THE ORGANIZERS OF THE RIDE TO RELEASE MY MEDICAL INFORMATION TO THE MEDICAL SUPERVISOR OF THE RIDE AND TO ANY THIRD PARTY GIVING TREATMENT TO ME, AT THE SOLE AND ABSOLUTE DISCRETION OF THE ORGANIZERS.

Signature of Participant _____ Date _____

Overseas participants are reminded to take out travel insurance. Should medical treatment be required beyond the Wheels of Love medical team, participants must personally cover the cost of treatment. A receipt will then be issued and used to apply for reimbursement from the participant's own health insurance policy.

To be completed by Physician:

*Riders will be cycling a distance of between 40km/25mi to 70km/45mi depending on the route chosen.

I hereby certify that the above information is correct to the best of my knowledge and the rider (name) _____ is medically capable to participate in a bike ride requiring intense physical activity as indicated above.

Additional comments: _____

Signature of Physician _____ Date _____ Medical Stamp _____