

The following questions are required in case of emergency:

Are you taking any over the counter medications? Please list medications and dosages:

Prescription Medications? Please list medications and dosages:

Do you have any physical limitations that restrict your ability to ride a motorcycle?

Have you had any surgeries in the past 5 years and have you fully recovered?

Emergency contact information:

I understand and fully agree to the aforementioned policies that Ride with P.R.I.D.E. is requiring and certify that all information is correct. If an emergency arises I waive any HIPPA requirements and allow Ride with P.R.I.D.E. to release this medical information.

Sign _____

Date _____

OFFICE use ONLY

Received by _____

Date _____

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