SOLIDRIDE

# Pre-Existing Medical Condition Form

PLEASE COMPLETE SECTION 1 AND TAKE IT WITH YOU TO YOUR DOCTOR WHO WILL COMPLETE SECTION 2.

The information you provide to SolidRide in this form will be held in the strictest confidence, and will be used only to the extent necessary to provide necessary emergency medical care and/or evaluate your fitness for travel on the tour. The collection, use, and disclosure of your personal information is governed by our Privacy Policy, which can be accessed any time at http://solidride.com/legal/privacy-policy.

## Who needs to complete this form?

All customers who have indicated that they have a pre-existing medical condition at the time of booking are required to complete this form. SolidRide will assess the information contained in this form, and reserve the right to ask for a physician assessment for any customer.

SOLIDRIDE RESERVES THE RIGHT TO MAKE THE FINAL JUDGEMENT WHETHER HE/ SHE DEEMS THE PARTICIPANT FIT TO JOIN THE TOUR, OR PARTICIPATE IN ACTIVITIES.

Please consult with your physician before embarking on any adventure travel or motorcycle tour. Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the tour you have booked.

## Why do I need to complete this form?

Our motorcycle tours are intended for customers in reasonably good health who are able to travel to remote, high-elevation areas where limited cell phone service is available. Additionally, our motorcycle tours travel over varying terrain including unmaintained dirt roads which require a reasonable amount of physical strength to navigate.

Emergency medical services and evacuation support may be unavailable or delayed in these remote areas in the event of an emergency. A medical emergency situation is extremely unlikely; however, should it arise, we will be prepared with your medical information to communicate with emergency personnel. If you do not disclose a condition, infirmity, injury or ailment, and are subsequently deemed to be unfit for travel due to the whole or in part to such condition, SolidRide reserves the right to remove you from the tour with no refund or compensation.

SOLIDRIDE

## What happens If I do not return this form?

If you've made a booking with us, and subsequently are unable or refuse to complete this medical document for any reason by the final payment date as specified in our Adventure Tour Booking Terms and Conditions, we reserve the right to consider your booking cancelled as of that day, and all applicable cancellation fees will apply.

# 1. Customer Information:

Travel / Tour Date:
Full Name:
Occupation:
Date of Birth:
Insurance Provider:
Policy Member ID:

## Customer Questionnaire

**This section is to be completed by the customer.**

| **Consent** | **YES/NO** |
|---|---|
| I am able to navigate a motorcycle over varying terrain including unmaintained dirt roads which may include rocks, potholes, ruts, mud, water, and other unforeseen obstacles. | |
| I am able to pick up my motorcycle safely, without additional help from anyone. | |
| During travel and ground transfer, I am able to carry and/or haul my luggage and baggage without additional help from anyone. | |
| I understand that the motorcycle tours will travel to elevations of 10,000 to 14,000+/- feet, depending on the route, which are often subject to harsh and extreme conditions including lower oxygen levels. | |
| I understand the risk involved when travelling to remote locations, and understand that emergency medical services may be delayed or unavailable. | |
| I understand that SolidRide reserves the right to make the final judgement whether he/ she deems the customer fit to join the tour or participate in activities. | |

Customer authorization:

**I declare the answers to the above questions are true and complete.** I attest I am in good general health, and capable of performing the activities on the tour. I further attest that I am capable of caring for myself during the tour, and that I will not impede the progress of the tour or the enjoyment of others in the group. I understand that the tour will take me far from the nearest medical facility and that all customers joining the tour must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other customers of the tour.

**Full Name:**
**Date:**
**Signature:**

## 2. Medical Conditions

**This section is to be completed by a licensed medical professional.** If the customer is a doctor, this form must be completed by another licensed medical professional.

| **Condition** | **YES/NO** |
|---|---|
| Raised blood pressure | |
| Heart or circulatory disease | |
| Chest or lung disease | |
| Asthma / hay fever | |
| Epilepsy / other neurological condition | |
| Digestive or bowel disorder | |
| Diabetes | |
| Chronic arthritis | |
| Allergies | |
| Other (write in): | |

**SOLIDRIDE**

**If the answer is "YES" to any of the following conditions, please provide full information in the comments section below.** Attach a separate sheet if neccessary.

**Comments:**

## Signature:

By signing this form I confirm that I understand the conditions above, and in my opinion,

_____ (customer name), is **FIT / NOT FIT**

(please circle one) to join the adventure motorcycle tour.

**Full Name:**
**Practice Name:**
**Phone Number:**
**Date:**
**Signature:**