

**RCT FAMOUS CLIMBS OF ITALY CYCLING TRIP
EMERGENCY CONTACT INFORMATION**

CYCLIST (PARTICIPANT'S) INFORMATION

NAME: _____ MALE FEMALE
STREET ADDRESS: _____ CITY: _____
STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
HOME PHONE: _____ CELL: _____
E-MAIL: _____

EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT (family member, etc. who will NOT be traveling with you): _____
HOME PHONE # OF EMERGENCY CONTACT: _____
CELL # OF EMERGENCY CONTACT: _____

CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ CONSENT TO MEDICAL TREATMENT IN THE CASE OF A MEDICAL EMERGENCY THAT RENDERS ME UNABLE TO COMMUNICATE HEALTHCARE DECISIONS FOR MYSELF, DURING THE PERIOD THAT I WILL BE PARTICIPATING IN THE REILLY CYCLING TOURS TRIP.

(participant's signature required)

(date)

(signature of witness)

(date)

(signature of witness)

(date)

PLEASE NOTE!

➤ THIS FORM MUST BE RECEIVED PRIOR TO THE START OF YOUR REILLY CYCLING TOURS TRIP

If you have any questions, please contact us at (631) 484-6545