**TOUR DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must consult with your Doctor no more than 28 days before the date of your Dirt Bike Tour. It will be your responsibility to obtain and provide evidence of your Doctor’s opinion on your fitness to participate. You will not be permitted to take part without the Doctor’s Declaration.

|  |  |  |
| --- | --- | --- |
| 1 | Have you ever suffered from heart disease, high blood pressure or had any cardio-vascular problems? |  |
| 2 | Is there any history of heart disease in your family? |  |
| 3 | Do you ever have pains in your heart or chest, especially associated with minimal effort? |  |
| 4 | Do you often get headaches/feel faint? |  |
| 5 | Do you suffer from pain or have limited movement in your joints which has been caused by exercise or might be made worse with exercise? |  |
| 6 | Are you taking any medication at the moment or are you recuperating from a recent illness or operation? |  |
| 7 | Do you have any other medical conditions? |  |
| 8 | Do you have diabetes? |  |
| 9 | Do you have epilepsy? |  |
| 10 | Are you pregnant? |  |
| 11 | Do you have allergies that would require an Epi-Pen? |  |
| 12 | Are you carrying an injury? |  |
| 13 | Do you have any other underlying medical needs not listed above that the organizer needs to be made aware of?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**DECLARATION:**

I declare that I am not aware of any medical or other reason why I should not participate in an off-road motorcycle training/tour with Dirt Bike Tours (IRL) LTD.

My signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_