

## Emergency Information Form

For your personal use only

### EMERGENCY INFORMATION FORM

#### Personal Information:

Your Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

### PERSONAL / MEDICAL / EMERGENCY INFORMATION 2017

**Carry this information on your bike \*\*\*and\*\*\* on your person**

#### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

#### Medical Information:

##### **Medical Condition,**

(i.e. heart, diabetes,  
asthma, etc.) \_\_\_\_\_

##### **Medications:**

\_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_ Living Will:  Yes  No

Primary Care Physician: \_\_\_\_\_ Telephone # \_\_\_\_\_

#### **Motorcycle /Vehicle Information:**

Motorcycle/Vehicle License # \_\_\_\_\_ State \_\_\_\_\_ Make of Bike: \_\_\_\_\_

***Breakdowns: RFTW will transport the motorcycle either to the next forward dealership or to our next nightly stop. After that it is your responsibility."***

***Accidents: If the police permit and if you can instruct us, RFTW will transport the motorcycle to the next forward Dealership. If you cannot instruct us, the motorcycle will be left where the accident happened. Use the following for instructing us on what to do with your motorcycle***

Personal Equipment Release/ deposit to:  Next forward dealership  
 Police impound

Additional Information:

Release/deposit at local Dealer or Police Impound: \_\_\_\_\_

SIGN HERE TO AUTHORIZE RELEASE/DEPOSIT OF MOTORCYCLE



rights. riding. racing.  
American Motorcyclist Association