

Emergency Information Form

For your personal use only

Personal Information:

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Cell # _____
Driver's License # _____ State: _____

PERSONAL / MEDICAL / EMERGENCY INFORMATION 2020

Carry this information on your bike *and*** on your
person **MAKE TWO COPIES!****

Person to notify in case of emergency:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone # _____ Alternate # _____

Medical Insurance Provider: _____ Policy # _____

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 Tag # _____ State: _____ Make of Bike/Vehicle: _____

Vehicle Insurance Policy # & Name of Carrier _____

***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

