

ANNEX 1

WAIVER AGREEMENT IN FAVOUR OF THE ORGANIZER

Each participant to THE SUN TRIP 2018 is requested to return this form to the organization. The text below must be copied by hand and the document shall be dated and signed.

"I, (FULL NAME), declare having decided to take part in THE SUN TRIP 2018, a solar adventure bike without assistance, of my own will and under my own responsibility.

By taking part in THE SUN TRIP 2018, I am aware of the risks inherent to cycling and solo travel.

I am fully aware that THE SUN TRIP is not a competition, but an adventure without assistance, based on individual responsibility of each participant.

I pledge to respect the Adventure and the Technical Regulations.

I commit to not file an action for against THE SUN TRIP organization nor its insurer for damages in case of accident, theft, or any other forms of aggression experienced during the adventure. "

To be copied by hand:

Date:

In city:

Signature :

ANNEX 2
MEDICAL FORM

Contact Information

Full name

D.O.B.

n° Tel

email

Insurance

name, reference # and
contact info

Next of kin

Tel #

email

Another person

Tel #

email

Attending Doctor

Tel #

email

Medical Check-Ups

State below the check-ups and medical assessments made in recent years.

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-

-

-

-

Medical History

State below your major medical and surgical history (allergies, accidents ...)

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-

-

-

-

Treatments

State below current or potential treatments depending on pathological conditions

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-
-
-
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Attending Physician Statement (to copy, date and sign)

"I certify that there is no medical contraindications to the practice of physical activities and endurance sports"

"I certify that there is no medical contraindication to participate in a solo cycling adventure"

Adventurer's Statement (to copy, date and sign)

"I have read the above questions and have answered them accurately, without omitting anything."