

## 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:**

## 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, Camille Colle, 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 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 form of aggression experienced during the adventure.

Date: 19/10/17

In city: GENT

Signature :

Camille Colle

## ANNEX 2 MEDICAL FORM

### Contact Information

Full name

CAMILLE COLLE

D.O.B.

10/08/1989

n° Tel

+32 472604236

email

Insurance

name, reference # and  
contact info

KBC , ACCIDENTS INSURANCE

Next of kin

MARJAN PETRICK

37525698

Tel #

+32 475 522760

email

marjan.petrack@telenet.be

Another person

Tel #

+32 486 522 205

email

daniel\_colle@yahoo.com

Attending Doctor

Tel #

+32 475522760

email

marjan.petrack@telenet.be

### Medical Check-Ups

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

- Vaccination
- 08-11-2012: Yellow Fever
- 2010 en 2011: Hepatitis A
- bovis morandi adolescent: Hepatitis A+B.
- Tetanus + Diphtheria 2010
- Tetanus 2018
- Polio 2010

### Medical History

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

- 2013 Inguinal Hernia Kine Rehabilitation program
- 2015 both extraocular 18 and 28
- 2016 ankle dislocation right sided R/ hebrupis
- 2004 # fingers II right hand.
- Single accident trauma knee

## Treatments

State below current or potential treatments depending on pathological conditions

- no acute or chronic disease
- 04/2018: sinusitis treated. H/ AB + local vaccine with fgs.
- 
- 
- 

## 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 the practice of physical activities and endurance sports. 10/01/2018

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

I certify that there is no medical contraindication to participate in a solo cycling adventure. 10/01/2018

Dr. M. PETRICK BVBA  
Hematologie  
AZ Sint-Lucas Gent  
1/44621/06/598

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

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

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

19/10/2017

Carly  
Elli

