

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:

I, Auguste 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 the Technical Regulations. I commit to not file an action for against The Sun Trip organisation nor its insurer for damages in case of accident, theft, or any other forms of aggression experienced during the adventure.

Date: 13/10/2017

In city: Gent

Signature :



ANNEX 2 MEDICAL FORM

Contact Information

Full name	Auguste Gille	D.O.B.	28/04/1991
n° Tel	0032 473 852613	email	augustegille@hotmail.com
Insurance	name, reference # and contact info		
Next of kin	Marjan Petrick		
Tel #	0032 475522760		
email	marjan.petrick@telenet.be		
Another person	Ulrike Nachaerts		
Tel #	0032 494 10 2553		
email	ulrike.nachaerts@hotmail.com		
Attending Doctor	Marjan Petrick		
Tel #	0032 475 522 760		
email	marjan.petrick@telenet.be		

Medical Check-Ups

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

- 2007 extraction wisdom teeth.
- 2007 ankle distraction left # base HT5
- 2012 L4-L5 discus slight impaction on discus
L5-S1 " slight protrusion of exercises.
- 2013 arthritis: Hatha (-)
cyclo-ergometrie: 400 Watts after lunch.
- 2015 trauma with cones erosion right index.

Medical History 2016: Columbia viral syndrome like or Dengue
State below your major medical and surgical history (allergies, accidents ...)

- See above.
- childhood DITEPER vaccination
- Polio
- Measles
- adolescence Hep A B
- 2006 DiTE
- 2017 Rabies (Rising Holiday Georgia)

Treatments

State below current or potential treatments depending on pathological conditions

- no chronic or acute disease

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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 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"

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

~~Dr. M. PETRICK BVBA~~
Hematologie
AZ Sint-Lucas Gent

10/01/2018

Adventurer's Statement (to copy, date and sign) 1/44621/06/598

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

