

UNDERGROUND RAILROAD RE-RUN



Emergency Information Form

For Your Personal Use Only – Please Carry On Your Person At All Times

PERSONAL INFORMATION

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

PERSONAL/MEDICAL/EMERGENCY INFORMATION

Person to notify in case of emergency:

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

Medical Information: (i.e. heart, diabetes, asthma, etc.)

Medical Condition _____

Medications: _____

Blood Type: _____ Allergies: _____ Living Will: ___ Yes ___ No

Primary Care Physician: _____ Telephone # _____

MOTORCYCLES/VEHICLE INFORMATION

Motorcycle/Vehicle License # _____ State _____ Make of Bike _____

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

***Accidents:** If the police permit, UGRR will transport the motorcycle to the next forward Dealership. Use the following for instructing us on what to do with your motorcycle.

***Personal Equipment Release/deposit to (check one)**

___ Next forward dealership ___ Police Impound

***Additional Information** _____

_____/_____/_____
Print Name Signature Date