

Raging Bull Texas Stampede VII

Medical Information Form

**Please have each participant (driver and passengers)
complete a separate copy of this form**

Please send completed Medical Information Form to Tourmaster

**All information collected below will be kept strictly confidential and
will only used in the event of a medical emergency.**

Name: _____

Age: _____

List Current Medication(s): _____

List Any Current Medical Condition including Allergies: _____

Do you Wear Contacts? Yes _____ No _____

Your Physician's Name: _____

Your Physician's Ph. #: _____

I certify that I have no physical or mental problems and am taking no medications, prescription or otherwise, which could jeopardize others or me if I participate in this event.

Participant's Name (print): _____

Participant's Signature: _____ Date: _____

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