

Please check to make certain you have completed the enclosed forms before sending in your check.

Form Name	Check if Completed and Enclosed
TEAM Rider Application—Pages 4-5	
Activity Participation Agreement—Page 3	
Medical History/Physician’s Statement—Pages 7-8	
Prescription—Page 9	
Consent for Emergency Medical Treatment—Page 10	
Photo Release—Page 14	
Rider’s Consent for Release of Information—Page 12	