

Rider Fall Release Form

Rider Information:

Club:

Member No:	Riders Name:		Male	Female
	Address:		P/code	
Severity of Rider's injuries	No Injury <input type="checkbox"/>	Slight (Sprains, Slight cuts and bruises) <input type="checkbox"/>	Serious (Hospital Treatment Required) <input type="checkbox"/>	

NOTE: The Rider must not take any further part in the competition(s) if they have been unconscious or suffered concussion. See Handbook of ByLaws – current edition.

When:

Date of Accident		Time of Accident
Name of Event		
Event Type		

Declaration by Parent/Guardian or Rider over 18 years:

Name of Parent/Guardian or Rider over 18 years	
Address	
Phone Number	
Signature:	I, being the Parent/Guardian/Adult Responsible named above or Competitor if aged 18 years or more, give permission for the above named Rider to continue participating in the Competition(s) on the day they had a fall resulting in injury. I give this authority in the full knowledge that a subsequent fall may result in a more severe injury being sustained.

Witness to Signature:

Event Official Name	
Event Official Position	
Event Official Signature	

This form must be completed accurately and signed BEFORE the rider takes any further part in the competition and should be submitted to the Secretary on the day on which the fall occurs to be forwarded to PCAV with the Incident Report Form.