

**PARTICIPANT DECLARATION**

**MOTORCYCLING NSW LIMITED**



*Location: 9 Parkes Street, Harris Park, NSW Postal: PO Box 9172, Harris Park, NSW, 2150 p: (02) 9635 9177 f: (02) 9635 5277*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  | **CONTRACT TO PARTICIPATE IN THE ARDC PRIVATE PRACTICE** | | | | | | | | | | | | | | | | | | |  |  | **Date DD/MM/2016 .** | | | | |  |  |
|  | **WARNING! THIS IS AN IMPORTANT DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS, PLEASE READ IT CAREFULLY AND DO NOT SIGN IT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **UNLESS YOU ARE SATISFIED YOU UNDERSTAND IT.** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **1.** | | **I THE UNDERSIGNED (see below):** | | | | | | | |  | **[Insert Name]** | |  |  |  | For the purposes of the clause 3, “the Supplier” shall mean and include the | | | | | | | | | | | | | iii) | It is reasonable for MA and my SCB to collect, store, use and disclose my | | | | | | | |  |
|  |  |  |  | Indemnitees. | | |  |  |  |  |  |  |  |  |  |  |  | Information in accordance with clause 11(a)(i) above and in the manner set out in | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **5. INDEMNITY AND RELEASE GIVEN TO ORGANISERS** | | | | | | | | | |  |  |  |  | clause 11(b). | | |  |  |  |  |  |  |
|  |  | **Your Name .** | | | | | | | | | | | | |  |  |  |  | b) | **IN CONSIDERATION** of my acceptance as an entrant in the Meeting I | | | | | | | |  |
|  |  |  | IN CONSIDERATION of the acceptance of me as a participant in the Meeting: | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | consent and agree that MA and my SCB: | | | | |  |  |  |  |
|  | HEREBY AGREE with Motorcycling Australia Limited (“MA”) that I am by this | | | | | | | | | | | | | | | a) | I AGREE TO INDEMNIFY AND KEEP INDEMNIFIED to the full extent | | | | | | | | | | | |  |  |  |  |  |
|  | i) | may collect and store any of my Information, including obtain my Information from | | | | | | | |  |
|  | agreement entitled to | | | participate in the | | | | | | motorcycle activity/meeting listed | | | | | in |  | permitted | | by law | | the | Indemnitees and each of | | | them in the following | | | |  |
|  |  |  | third parties including my Carers; | | | |  |  |  |  |  |
|  | Schedule 2 (hereinafter called "the Meeting" or the “Event”) at the venue listed | | | | | | | | | | | | | | |  | manner: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | ii) | may use any information collected in accordance with this clause for any | | | | | | | |  |
|  | at Schedule 3 (hereinafter called "the Venue") on the terms and conditions set | | | | | | | | | | | | | | | i) | that I participate in the meeting at my sole risk and responsibility; | | | | | | | | | | |  |  |
|  |  |  | purpose consistent with creating safer competition in motorcycle sport and | | | | | | | |  |
|  | out in this document. | | |  |  |  |  |  |  |  |  |  |  |  |  | ii) | that I accept the | | | | Venue as it stands with all or any defects hidden or | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | events held by or in conjunction with MA, my SCB, or with an MA or SCB | | | | | | | |  |
|  | **2. DEFINITIONS** | | In this declaration: | | | | | | |  |  |  |  |  |  |  | exposed; | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | permit; | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | iii) | that I | indemnify | | | and | hold | harmless | the Indemnitees, | | their | respective | |  |  |  |  |  |  |  |  |
|  | a) | **“Claim”** means and includes any action, suit, proceeding, claim, demand, | | | | | | | | | | | | | | iii) | may disclose my | | | Information to third | parties | provided | such disclosure is | |  |
|  |  | servants, agents, | | | | officials and competitors against any | | | | | actions, costs, | | |  |
|  |  | damage, cost or | | expense | | | | however | | arising including but | | | not limited | | to |  |  | reasonably intended to be used for the purpose of improving safety at events | | | | | | | |  |
|  |  |  | losses or claims which may be made by me or on my behalf for or in | | | | | | | | | | | |  |  |
|  |  | negligence | but | does | | | not | include | | a | claim against a | | Motorcycling | | |  |  | held by or in conjunction with MA, or with an MA permit provided any such | | | | | | | |  |
|  |  |  | respect of or arising out of my death or any injury loss or damage caused | | | | | | | | | | | |  |  |
|  |  | Organisation | under any | | | | right | | expressly conferred by its | | | | constitution | | or |  |  | information is held by MA or my SCB in accordance with the MA Privacy | | | | | | | |  |
|  |  |  | to me or my equipment whether caused by negligence, breach of contract | | | | | | | | | | | |  |  |
|  |  | regulation; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Policy. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | or in any other manner whatsoever. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | b) | **“Indemnitees**” means and includes the persons, organisations and bodies | | | | | | | | | | | | | |  |  |  |  |  |  | c) | I irrevocably authorise MA and my SCB and hereby appoint MA and my SCB as | | | | | | | |  |
|  | b) | I AGREE | | TO | RELEASE | | | to the full extent | | permitted by law the | | | |  |
|  |  | corporate whose names appear in Schedule 1. | | | | | | | | | |  |  |  |  |  | my lawful attorneys to collect from my Carers, and I hereby direct my Carers to | | | | | | | |  |
|  |  |  |  |  |  |  | Indemnitees and each of them from all liability to me for any claim, loss, | | | | | | | | | | | |  |  |
|  | c) | **“MA”** means Motorcycling Australia Limited; | | | | | | | | | |  |  |  |  |  |  | provide to MA or my SCB upon request being made by MA or my SCB, any of my | | | | | | | |  |
|  |  |  |  |  |  | damage, cost or expense (whether arising under statute, from negligence, | | | | | | | | | | | |  |  |
|  | d) | **“State Controlling Body” (SCB)** means a state or territory motorcycling | | | | | | | | | | | | | |  |  | Information including but not limited to any information concerning any incident or | | | | | | | |  |
|  |  | personal | | injury, | | psychological trauma, death, | | | | property damage | | | or |  |  |
|  |  | association affiliated as a member of MA; | | | | | | | | |  |  |  |  |  |  |  | event causing or contributing to or resulting from any injury, illness or death to me, | | | | | | | |  |
|  |  |  |  |  |  |  |  | infringement of third party rights or otherwise) that arises as a result of | | | | | | | | | | | |  |  |
|  | e) | **“Motorcycling Activities”** means performing or participating in any capacity | | | | | | | | | | | | | |  |  | the details of any diagnosis and prognosis provided to me by my Carers (or any | | | | | | | |  |
|  |  | any act, matter or thing done, permitted or omitted to be done by me or | | | | | | | | | | | |  |  |
|  |  | in any authorised or recognised Motorcycling Organisation event, meeting or | | | | | | | | | | | | | |  |  | party with the knowledge of any of my Carers), and any other matter to the | | | | | | | |  |
|  |  |  | which is in any way connected with my presence at or involvement in the | | | | | | | | | | | |  |  |
|  |  | activity; |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | knowledge of my Carers that might reasonably be considered to be requested by | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Event. |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | f) | **“Motorcycling Organisation”** means | | | | | | | | | and includes | MA, and | | the MA | |  |  |  |  |  |  |  |  |  |  |  |  |  | MA or my SCB for the purpose of improving safety at MA and SCB events. | | | | | | |  |  |
|  | 6. | The release and indemnity provided by me in this declaration is in addition to, and | | | | | | | | | | | |  |  |  |
|  |  | members (including the SCBs and affiliated clubs) and where the context | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  | will not in any way limit the application of, the conditions of sale attaching to | | | | | | | | | | | | **12.** | **POLICIES AND REGULATIONS** | | | |  |  |  |  |  |
|  |  | so permits, | their |  | respective | | | | directors, | | officers, members, servants | | | | or |  |  |  |  |  |  |
|  |  |  |  | tickets, conditions of entry, conditions of credentials or any other applicable terms | | | | | | | | | | | |  | I acknowledge, understand and agree that it is a | | | | | | condition of | my |  |
|  |  | agents. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | or conditions in respect of the Event. | | | | | | |  |  |  |  |  |  | participation in the Event that I agree to be bound by, and subject to, the | | | | | | | |  |
|  | **3. ACKNOWLEDGMENT OF RISKS, DANGERS & OBLIGATIONS** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 7. | A term of this release and indemnity will not apply where the term | | | | | | | | | | | |  | rules, regulations and jurisdiction of MA as amended from time to time. | | | | | | | |  |
|  | I ACKNOWLEDGE that: | | | | | |  |  |  |  |  |  |  |  |  |  | contravenes the law of the relevant jurisdiction under which any legal action is | | | | | | | | | | | |  | Copies of all MA rules, policies and regulations are available by contacting | | | | | | | |  |
|  | a) | motorcycle sport is dangerous and that by engaging in the sport (whether | | | | | | | | | | | | | |  | legitimately taken however such terms are severable and do not invalidate | | | | | | | | | | | |  | the MA office. | | |  |  |  |  |  |  |
|  |  | as a competitor, recreational rider, coach, official or media) at the Meeting | | | | | | | | | | | | | |  | the remaining terms. | | | | |  |  |  |  |  |  |  | 13. | All participants are bound by the MA anti doping policy and thus | | | | | | | |  |
|  |  | I take and am exposed to certain risks and dangers and am under certain | | | | | | | | | | | | | | **8. MEDICAL** | | |  |  |  |  |  |  |  |  |  |  |  | understand they may be subject to drug testing. Testing conducted by the | | | | | | | |  |
|  |  | obligations as follows: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Australian Sports Anti-Doping Authority (ASADA) is in accordance with the | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | I declare that I am and must continue to be medically and physically fit and | | | | | | | | | | | |  |  |
|  | i) | that I may be injured, physically or mentally, and may be killed; | | | | | | | | | | |  |  |  |  |  | ASADA Act and | | | the National Ant-Doping Scheme. | | | This involves | the |  |
|  |  |  |  |  | able to participate in the Meeting. I will immediately notify MA in writing via my | | | | | | | | | | | |  |  |
|  | ii) | that my machinery or equipment may be damaged, lost or destroyed; | | | | | | | | | | | | |  |  |  | taking of a sample (any human biological fluid or tissue whether alive or | | | | | | | |  |
|  |  |  | SCB of any change to my fitness and ability to participate. I understand and | | | | | | | | | | | |  |  |
|  | iii) | that competitors may ride dangerously or with a lack of skill; | | | | | | | | | |  |  |  |  |  |  | otherwise, or any human breath) for the purpose of detecting the use of a | | | | | | | |  |
|  |  |  |  |  |  | accept the Indemnitees will continue to rely upon this declaration as evidence | | | | | | | | | | | |  |  |
|  | iv) | that track or event conditions may be hazardous and may vary without | | | | | | | | | | | | | |  |  | Prohibited Drug or Doping Method. Any participant infringing MA’s policy | | | | | | | |  |
|  |  | of my fitness and ability to participate. | | | | | | |  |  |  |  |  |  |  |
|  |  | warning or predictability; | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | or refusing a drug test may be disqualified | | | | | or otherwise dealt with in | | |  |
|  |  |  |  |  |  |  |  |  |  |  | 9. | I acknowledge and agree that if required, the Indemnitees (or any of them) | | | | | | | | | | | |  |  |
|  | v) | that organisers, officials, landowners/track operators and any agents or | | | | | | | | | | | | | |  | accordance with the terms of the anti-doping policy. | | | | | |  |  |  |
|  |  | may | arrange | | medical or | | | hospital | treatment | (including | | ambulance | |  |  |  |  |
|  |  | representatives of those in charge of meetings are frequently obliged to | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | transportation) | | | for | me. | I | authorise | such actions being taken by the | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | make decisions under pressure of time/or events; | | | | | | | | | |  |  |  |  |  | **13. RIGHT TO USE IMAGE** | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  | Indemnitees and agree to meet all costs associated with such action. | | | | | | | | | | | I |  |  |  |  |  |
|  | vi) | that any policy of insurance of or in respect of my life or physical or mental | | | | | | | | | | | | | |  |  | Right | to | Use Image: I acknowledge | | and consent to | | photographs | and |  |
|  |  | understand it is compulsory for me to have ambulance insurance in some | | | | | | | | | | | |  |  |
|  |  | health may be voided; | | | | |  |  |  |  |  |  |  |  |  |  |  | electronic | | images | (including, but not | limited | to, moving images) being | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | form and I accept responsibility for the cost of ambulance transportation, | | | | | | | | | | | |  |  |
|  | vii) | that there may be no or inadequate facilities for treatment or transport of | | | | | | | | | | | | | |  |  | taken | of | me during my participation | | in the | Event. I | acknowledge | and |  |
|  |  | ambulance cover and further agree to maintain ambulance cover during the | | | | | | | | | | | |  |  |
|  |  | me if I am injured; | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | agree | that such | | photographs and | electronic images are owned | | | by |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | term of my license / membership. | | | | | | |  |  |  |  |  |  |  |
|  | vii) | that I have an obligation to myself and to others to act safely and within the | | | | | | | | | | | | | |  |  |  |  |  |  |  | Australian Racing Drivers Club Ltd and it may use the photographs and | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | rules and regulations of MA; | | | | | |  |  |  |  |  |  |  |  | **10. PRIVACY** | | |  |  |  |  |  |  |  |  |  |  |  | electronic images for promotional or other purposes without my further | | | | | | | |  |
|  | b) | the Indemnitees do not make any warranty that the services at the Meeting | | | | | | | | | | | | | |  | I hereby consent to the collection of my personal information by the Australian | | | | | | | | | | | |  | consent being necessary. Further, I consent to Australian Racing Drivers | | | | | | | |  |
|  |  | will be provided with due care and skill or that any materials provided in | | | | | | | | | | | | | |  | Racing Drivers Club Ltd, MA and the SCB in connection with my involvement at | | | | | | | | | | | |  | Club Ltd using my name, image, likeness and also my performance in the | | | | | | | |  |
|  |  | connection with the services will be fit for the purpose for which they are | | | | | | | | | | | | | |  | the Event and the use and disclosure of my personal information by Australian | | | | | | | | | | | |  | Event, at any time, by any form of media, to promote Australian Racing | | | | | | | |  |
|  |  | supplied; |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Racing Drivers Club Ltd, and MA to other agencies and officials associated with | | | | | | | | | | | |  | Drivers Club Ltd or the Event. | | | |  |  |  |  |  |
|  | c) | to the extent that any warranty is implied it is excluded to the full extent | | | | | | | | | | | | | |  | the Event for the purposes of conducting and managing the Event. I understand | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | permitted by law; | |  |  |  |  |  |  |  |  |  |  |  |  |  | that I may gain access to my personal information held by Australian Racing | | | | | | | | | | | |  | **SCHEDULE 1:** | | |  |  |  |  |  |  |
|  | d) | have voluntarily read and understood this warning and accept and assume the | | | | | | | | | | | | | |  | Drivers Club Ltd | | | by contacting Australian Racing Drivers Club Ltd | | | | | | | at Gate A, | | 1) | Federation Internationale de Motocyclisme | | | | |  |  |  |  |
|  |  | inherent risks in participating in the Event. | | | | | | | | |  |  |  |  |  |  | Ferrers Rd, Eastern Creek NSW 2766 or MA at 147 Montague St, South | | | | | | | | | | | | 2) | Motorcycling Australia Ltd | | | |  |  |  |  |  |
|  | **4. WARNING UNDER THE FAIR TRADING ACT 1999 (VIC)** | | | | | | | | | | | |  |  |  |  | Melbourne, Victoria, 3205. I understand that if I do not provide the personal | | | | | | | | | | | | 3) | Motorcycling NSW Ltd | | | |  |  |  |  |  |
|  |  | Under the provisions of the Fair Trading Act 1999 (Vic) several conditions are | | | | | | | | | | | | | |  | information requested above that I may not be permitted to participate in the | | | | | | | | | | | | 4) | Australian Racing Drivers Club Ltd | | | |  |  |  |  |  |
|  |  | implied into contracts for the supply of certain goods and services. | | | | | | | | | | | | These | |  | Event. |  |  |  |  |  |  |  |  |  |  |  | 5) | Australian Racing Drivers Club Ltd | | | |  |  |  |  |  |
|  |  | conditions mean that the supplier named on this form is required to ensure | | | | | | | | | | | | | | **11. PERSONAL HEALTH INFORMATION** | | | | | | | |  |  |  |  |  | 6) | Western Sydney Parklands Trust | | | |  |  |  |  |  |
|  |  | that the recreational services it supplies to you are: | | | | | | | | | |  |  |  |  |  | I hereby agree with MA and the SCB that in consideration for my participation in | | | | | | | | | | | | 7) | N/A |  |  |  |  |  |  |  |  |
|  |  | - rendered with due care and skill; | | | | | | | |  |  |  |  |  |  |  | the Event that MA and the SCB may receive, collect, store and use personal | | | | | | | | | | | | 8) | Ambulance Services Australia | | | |  |  |  |  |  |
|  |  | - as fit for the purpose for which they are commonly bought as it is | | | | | | | | | | | |  |  |  | health information about me in the manner set out below: | | | | | | | | |  |  |  | 9) | N/A |  |  |  |  |  |  |  |  |
|  |  | reasonable to expect in the circumstances; and | | | | | | | | | |  |  |  |  | a) | **I ACKNOWLEDGE that:** | | | | | |  |  |  |  |  |  | 10) | All other persons involved in the organisation, conduct and promotion of | | | | | | | |  |
|  |  | - reasonably fit for any particular purpose or might reasonably be | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | the Event or construction or location of the facilities used in connection | | | | | | | |  |
|  |  |  |  | i) | If I am injured, become ill or die at or following the Event the party listed at | | | | | | | | | | | |  |  |
|  |  | expected to achieve any result you have made known to the supplier. | | | | | | | | | | | | |  |  | with or otherwise related to the Event | | | |  |  |  |  |  |
|  |  |  |  | Item 8 in Schedule 1 in addition to any hospital at which I am treated | | | | | | | | | | | |  |  |  |  |  |  |
|  | Under section 32N of the Fair Trading Act 1999, the supplier is entitled to ask | | | | | | | | | | | | | | |  | 11) | Each of the respective officers, employees, servants, agents, sponsors, | | | | | | | |  |
|  |  | (together “my Carers”) will have health related information about me in | | | | | | | | | | | |  |
|  | you to agree that these conditions do not apply to you. If you sign this form, you | | | | | | | | | | | | | | |  |  | successors and assignees of each of the above. | | | | | |  |  |  |
|  |  | their possession, power and control relating to me which is subject to | | | | | | | | | | | |  |  |  |  |
|  | will be agreeing that your rights to sue the supplier under the Fair Trading Act | | | | | | | | | | | | | | |  | **SCHEDULE 2:** | | | |  |  |  |  |  |  |
|  |  | obligations imposed by the Privacy Act (“my Information”) and the Privacy | | | | | | | | | | | |  |  |  |  |  |  |
|  | 1999 if you are killed or injured because the services were not rendered with | | | | | | | | | | | | | | |  | ARDC Private Practice | | | | Date DD/MM/2016 . | | | |  |  |
|  |  | Act is intended to protect my personal information; | | | | | | | |  |  |  |  |  |  |
|  | due | care and skill or | |  | they | | were | | not reasonably fit for | | | their | purpose, are | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | ii) | MA and my SCB wish to collect my Information for purposes that include | | | | | | | | | | | | **SCHEDULE 3:** | | | |  |  |  |  |  |  |
|  | excluded, restricted or modified in the way set out in this form. | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | their risk management programs, evaluating and improving the safety of | | | | | | | | | | | | Sydney Motor Sport Park | | | | |  |  |  |  |  |
|  | **NOTE:** The change to your rights, as set out in this form, does not apply if your | | | | | | | | | | | | | | |  |  |  |  |  |  |
|  |  | MA and SCB events and of the Meeting organisers and facility providers | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | death or injury is due to gross negligence on the supplier's | | | | | | | | | | | | part. | "Gross | |  | of MA / SCB permitted events, and generally to reduce the risks to | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | negligence" is defined in the Fair Trading (Recreational Services) Regulations | | | | | | | | | | | | | | |  | persons engaged in motorcycle sport; and | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 2004. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SIGN** | | |  |  |  | **14.** | | **EXECUTION** | | | I THE UNDERSIGNED STATE THAT I HAVE READ AND UNDERSTOOD THIS DECLARATION (INCLUDING THE WARNING, | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | INDEMNITY AND RELEASE) AND AGREE TO THE TERMS AND CONDITIONS AS STATED. | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  | **HERE** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **NAME (PRINT): Your Name SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: DD/MM/2016** . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **MA LICENCE NO: XXXXXXX EXPIRY: DD/MM/YYYY DATE OF BIRTH: DD/MM/YYYY .** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | **15. THIRD PARTY INDEMNITY WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | being the parents or guardians of the person named in Clause 1 (hereinafter called "the entrant") **HEREBY ACKNOWLEDGE:** | | | | | | | | | | | | | | | | | |  |  |

1. I/we have read the whole of this document and understand it; b) I/we consent to the entrant participating in the Event; AND c)..I/we are aware of the risks, dangers and obligations set out in Clause 3 above; d) I/we acknowledge that the entrant is bound by and subject to the rules and policies of MA, including, without limitation, the MA anti-doping policy.
2. **IN CONSIDERATION** of the entrant being accepted as a participant in the Meeting **I/WE HEREBY INDEMNIFY AND RELEASE** the Indemnitees in the same manner and to the same effect as if I/WE were theentrant and agree to personally accept all terms and conditions and obligations set out in this declaration,

**PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| OFFICE USE ONLY |  |  |
| Track Operator: | Date: | $ |
|  |  | Cash / Cheque / Visa / Mastercard / Eftpos |



MOTORCYCLING AUSTRALIA (MA - ABN 83 057 830 083) IS THE CONTROLLING BODY OF MOTORCYCLE SPORT IN AUSTRALIA. AFFILIATED TO FEDERATION INTERNATIONALE DE MOTOCYCLISME (F.I.M.) ACN 077-842-114



**PARTICIPANT DECLARATION**

**MOTORCYCLING NSW LIMITED**



*Location: 9 Parkes Street, Harris Park, NSW Postal: PO Box 9172, Harris Park, NSW, 2150 p: (02) 9635 9177 f: (02) 9635 5277*

**PAYMENT DETAILS**

CREDIT CARD PAYMENT (We do not accept AMEX or DINERS) ***\*all credit card transactions will incur a 2% surcharge***

I authorise the ARDC to debit my Mastercard / Visa credit card for the amount of $ 130.00 .

**Card Holders Name:**

**Card Number:** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_

|  |  |
| --- | --- |
| **Expiry Date:** | **Signature of Card Holder:** |
|  |  |

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**Tax Invoice and Receipt** for Private Practice at Sydney Motorsport Park held on ……….....… / …….......… / …………..……

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Received from ………..….….………………………………………………………………………………………………………………………………………… | | | |  |
| the sum of $…………..………………… paid by | cash | cheque | credit | eftpos (incl 10% GST) |
|  |  |  |  |  |
| **Authorised Officer:** |  |  | **Date:** |  |
|  |  |  |  |  |



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