



Rider Fall Release Form

Rider Information

Club:

Member No:	Rider's name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address				Post 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 February 2010 Bylaw 24.1

When

Date of accident		Time of accident	
Name of Event			
Event Type			

Parent/Guardian or Rider over 18 years

Name of Parent/Guardian or Rider over 18 years	
Address:	
Phone Number:	
Signature:	<p>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.</p> <p>I give this authority in the full knowledge that a subsequent fall may result in a more severe injury being sustained.</p>

Witness to Signature

Event Official Name	
Event Official Position	
Event Official Signature	

Explanatory notes:

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.