



RIDER APPLICATION AND MEDICAL CONSENT FORM

Name:

Address:
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Contact Number and email:

Age :

Detail any previous riding experience:

Name and contact in case of an emergency

Are there any pre-existing medical health conditions that you would like to make us aware of that could impact your safe riding:

Any allergies:

Consent to medical attention:

I authorise the instructor in charge to administer first aid and call an ambulance if required. I agree to bear any costs thereby incurred.

Signature of rider:

Signature of legal guardian if rider is under 18 years:

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Date:



I AGREE TO THE FOLLOWING

- 1. I will only ride in a safe and controlled manner.**

- 2. I will securely wear an Australian approved standard helmet and correct footwear at all times.**

- 3. I will read and follow all signs on property and follow all instructions.**

- 4. The instructor may cancel my ride without refunding the fee if I do not comply with any of these safety instructions.**

- 5. I know of no medical reason why I cannot safely ride.**

Signature of rider:

Signature of legal guardian if rider is under 18 years:

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Date: