



COMPETITION REPORT - Referee

IMPORTANT NOTE: This report must be completed on the day of the meeting. This report is to be completed by and is the responsibility of the Steward/Referee. This completed document must be returned to the MSA office with all forms attached NO LATER than 5 days after the event.

Event Title:		Date(s):	Competitive Permit No:
Organiser:	Venue:		Non-Competitive Permit No:
Name of Referee:	MA Officials Licence No:	Telephone Number:	

Event Type: (Please circle appropriate boxes)

State Championship	Open	Interclub	Closed to Club	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Both <input type="checkbox"/>
<i>(Is event for Juniors, seniors or both please tick)</i>						
Motocross	Enduro	Reliability Trials	Moto Trials	Dir Track	Speedway	Road Race

Event Included Camping Yes/No

General Meeting Details:

Total Number of Competitors:	Total Number 50cc Demonstration Only Riders:	Total Number Non-Comp Riders
Number of Licenced Officials on Duty: <i>(Those who hold an MA Officials Licence)</i>		Number of Volunteers on duty: <i>(Those who do NOT hold an MA Officials Licence)</i>
Estimated Number of Spectators:	All forms attached: Yes No	

Find Attached: Program or Competitors List Protests Incident Report
 Injury Report Determination Forms Charges Officials List
Prior to the Event, did Referee(s) receive: All necessary information

If NO, when were they received? _____

OFFICIALS INFORMATION

Officials	Name	MA Licence No.	Officials Level
Referee			
Trainee Referee			
Clerk of Course			
Trainee Clerk of Course			
Race Secretary			
Chief Machine Examiner			
Chief Marshal			
Chief Timekeeper			
Starter / Judge			

OTHER INFORMATION

	DAY 1	DAY 2	DAY 3	Day 4
Time of Referee arrival at the Venue:	am/pm	am/pm	am/pm	am/pm
Official Briefing (inc Medical) held at:	am/pm	am/pm	am/pm	am/pm
Riders Briefing held at:	am/pm	am/pm	am/pm	am/pm
Practice Began at:	am/pm	am/pm	am/pm	am/pm
Racing Began at:	am/pm	am/pm	am/pm	am/pm
Racing Ended at:	am/pm	am/pm	am/pm	am/pm
Time Referee departed the Venue:	am/pm	am/pm	am/pm	am/pm

Trainee

Trainee Referee's Name (Print): _____ Trainee Referee's Signature: _____

Referee's Name (Print): _____ Referee's Signature: _____



Motorcycling South Australia

(Affiliated with FIM)



COMPETITION REPORT

Machine Examination & Briefings (Please tick appropriate boxes)

Standard of Machine Examination:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Competitor's MA Licences checked:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Competitor's Helmets checked:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Competitor's Protective Clothing Checked:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Rider's Indemnity Forms signed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Machine Noise Levels checked and within limits:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Programme available:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
MSA Permit No. and Logo printed in Program:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Officials Briefed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Standard of Briefing:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Riders Briefed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Standard of Briefing:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

COMMENTS:

Track and Officials (Please tick appropriate boxes)

Public Warning signs displayed as per GCR's:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Track Inspection by Steward(s) prior to meeting:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Safety Fence Condition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Track Condition prior to practice:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Track Condition prior to competition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Weather Conditions:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Suitability of Lighting (if held at night):	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Dust Control of track during meeting:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Standard of Officials Performance at meeting:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Sufficient Officials at meeting:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Start Lights/Gates operated satisfactorily:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Sufficient flag marshals or devices:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Correct flags used:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Spectators admitted:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Distance of track from Spectators adequate:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

COMMENTS:

Trainee Referee's Signature: _____

Referee's Signature: _____



Motorcycling South Australia

(Affiliated with FIM)



COMPETITION REPORT

Meeting (Please tick appropriate boxes)

Standard of meeting:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Clerk of Course Level of co-operation:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Communication equipment used:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Communication standard:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Type of communication equipment used:	_____					
Did programme run to schedule:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Supplementary Regulations altered:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Clerk of Course standard of work:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Sup Regs of GCR's breached:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Explanation of above

Practice or Race stopped with red flag:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Doctor in attendance:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
SA Ambulance in attendance:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First Aid in attendance:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were any machines rejected:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Explanation of above

Reason machine was rejected (Noise etc) _____

Official Protests lodged with you:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Official Protests lodged but not accepted:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were any official charges laid:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Licence Declarations completed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Licence Declaration attached:

Were there any Accidents:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	How Many? _____
Were there any Injuries:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	How Many? _____

Casualty and Preliminary forms attached:

COMMENTS

This report is confirmed by the:

Trainee Referee: Please Sign _____ Date _____

Referee: Please Sign _____ Date _____



Motorcycling South Australia

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COMPETITION REPORT

MSA Referee's Declaration Form

Permit No: _____

I (Name): _____

Of (Address): _____

HEREBY DECLARE that:

- The club complied with all the necessary rules
- The track was as per the Track Licence
- I have complied with all the necessary rules according to the GCR's
- I have carried out all duties honestly, diligently and fairly
- I was in attendance at the event no later than one hour prior to the official starting time of the meeting and remained present until the completion of my duties, (at least 30 minutes after the conclusion of the meeting)
- I have not carried out any duty of function to which my officials licence category does not allow
- I have completed a stewards report on the prescribed form which will be delivered to the MSA office no later than 5 days after the meeting

Any person who is found to have made a false declaration shall be automatically excluded from being issued with an officials licence for a period of not more than 12 months from the date of the offence. The actual period is to be decided by the LCB.

MA Officials Licence Number: _____

Issued by: _____ (LCB)

Signed: _____

Date: _____

Meeting: _____

Venue: _____

Witness (Name): _____

Position Held: _____

Witness Signature: _____

Referee Signature (if trainee has signed off): _____

Permit Number: _____

Track Licence Number: _____



Permit No: _____

Motorcycling South Australia

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COMPETITION REPORT



Charge Sheet

Track/Venue: _____

Date: _____

Sir/Madam

The rider known as _____

of machine and race number _____

is charged with a breach of the GCR rule _____

it is alleged that they

The offence is alleged to have occurred at _____ am/pm in event number _____
in the area of _____

Signed by the Clerk of Course: _____

Print name: _____

The following witnesses are available to present evidence when the hearing takes place:

Witness Name:

Location:

Other competitors involved who are prepared to give evidence:

Name:

Location:



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COMPETITION REPORT

Rule Breach

Permit No: _____

To the Clerk of Course

Meeting: _____ Venue: _____ Date: _____

Riders Name: _____ Licence No. _____ Class: _____

Details of Breach and recommended action:

Details of Official Report Breach:			
Name: _____	Licence No. _____	Date: _____	
Time: _____	Signature: _____	Phone: _____	

Clerk of Course Decision:



MOTORCYCLING SOUTH AUSTRALIA



THIRD PARTY INCIDENT REPORT FORM

To be used **only** by authorised personnel and returned to the MSA Steward immediately after the conclusion of the meeting

IMPORTANT – PLEASE READ THE FOLLOWING:

1. This form is to be completed in every instance involving Third Party personal injury and/or damage to property off of the track and forwarded **IMMEDIATELY** to MSA office.
2. Please do not reply to any communication from a Third Party but forward it to the MSA office.
3. When completing this form please provide **FACTUAL INFORMATION ONLY**. Please do not speculate or express personal opinion unless it is specifically requested.
4. Do not admit liability, accept responsibility / offer compensation under any circumstances.

TRACK DETAILS (This panel MUST be completed in FULL)

Name of Insured: _____
 Telephone No: _____
 Name of Track: _____
 Address/Location of Track: _____
 Permit No: _____
 Completed By: _____
 Official Position: _____
 Telephone No: _____

General Questionnaire –This panel MUST be completed in FULL

1. When did the accident happen? Day: _____ DATE: _____ TIME: _____
2. Where did it happen? _____

3. How did it happen? _____

4. What form of lighting illuminated area? Natural/Lights/Unlit etc. _____

5. Who reported it to you?
Name: _____ Reported Date and approximate time: _____
Address: _____

DETAILS OF INJURIES –Complete this panel where applicable

1. Give the following information about the person injured: (if known)
Name: _____ Approx. Age: _____ Male / Female
Licence No: _____
Address: _____
Occupation: _____
Employer: _____
2. In your opinion was the injury: Very Serious/ Serious/ Minor?
3. What was the nature of the injury? _____

4. Was it necessary to call for immediate medical assistance? If yes, state whether First aid, Doctor or Ambulance attended and Name of First Aid/Doctor/ Hospital:

(Attach a copy of First Aid/Ambulance report, if available)

5. Did person refuse treatment? If so, briefly explain circumstances: _____

6. Were there any witnesses? YES/NO If yes, provide details:
Name: _____ Telephone: _____
Address: _____
Name: _____ Telephone: _____
Address: _____

7. Have you received any notice of a claim from the person injured of the owner of the damaged property? YES/NO.
If yes, indicate whether: Verbal YES/ NO or in writing YES/NO (attach original correspondence to this form.)



Motorcycling South Australia

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COMPETITION REPORT Licence and JCP Logbook Declaration

Permit No: _____ Date: _____

Meeting Name: _____

Venue: _____

Promoter: _____

Licence

I declared that I have held in my possession an MA Competition Licence which is current and valid for the above meeting.

JPC Logbook

I declare that I have held in my possession an MA Junior Coaching Program Logbook which is current And includes my endorsements and is valid for the above meeting

I UNDERSTAND THAT I MAY BE BARRED FROM HOLDING A LICENCE FOR UP TO TWO YEARS IF THIS DECLARATION IS FALSE

I understand that believing my licence and/or logbook may be in the mail on route to me does not mean that I have a licence and/or logbook. I am unable to produce my licence and/or logbook and I apply to compete without it.

I enclose the Non-refundable fee of \$45.00 (Inclusive of GST)

OR

I have produced an authorisation from the SCB/MA allowing me to compete at this event as my licence card is not yet available. NO FEE APPLICABLE

Rider Details

Name: _____

Date of Birth: _____

Address: _____

Club: _____

Suburb: _____ State: _____

Post Code: _____

Signature: _____

MA Licence No: _____

If under 18 years of age

Parent/guardian Name: _____

Signature: _____

I/We being the Referee/Clerk of Course have explained to the applicant the consequences of making a false declaration, and have witnessed the applicant sign this declaration.

Referee/Clerk of Course Name: _____

MA Officials Licence No: _____ Signature: _____ Date: _____

If paying by credit card please complete this authority.

Card type Visa MasterCard

Card Number: _____/_____/_____/_____

Expiry: ____/____

Name on Card: _____

Signature: _____



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COMPETITION REPORT

Permit No: _____

Protest Form

To be completed by Entrant/Rider and handed to the Steward

Details of Protest:

(Where appropriate quote GCR reference)

Details of Protest:			
Name: _____	Licence No. _____	Date: _____	
Signature: _____	Protest Fee Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Referee's Decision:

(Include details of witness providing evidence)

Referee Details:			
Name: _____	Licence No. _____	Date: _____	
Signature: _____	Protest Fee Refunded	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referee's Name (Print): _____	Referee's Signature: _____		
<i>(If trainee is signing off)</i>			



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COMPETITION REPORT

Permit No: _____

MSA Referee's Determination Form

TO: _____
(Name of Competitor or Entrant)

FROM: _____
(Name of Refereed)

The following determination is made on _____
(Date)

At: _____
(Meeting)

Signed: _____ Date: _____ Licence No: _____

Referee Signature:

(If trainee has signed off): _____ Date: _____ Licence No: _____

NOTE: An appeal against this determination may be made to MSA by stating the grounds of appeal and a lodging fee with MSA of \$ 264.00 within 21 days from now.

Fines are to be paid to MSA within 72 hours unless the Referee determines otherwise. Failure to comply will result in suspension of licence.



COMPETITION REPORT

Summary of Referee's Hearing

Permit No: _____

Event: _____

Date: _____

Status: _____

Clerk of Course: _____

Plaintiff

Name: _____

Witness for Plaintiff: _____

Summary of Evidence: _____

Defendant

Name: _____

Witness for Defendant: _____

Summary of Defence: _____

Referee's Finding and Decision *(to be read to those present)*

Time: _____ Date: _____

Trainee Referee's Name (Print): _____ Trainee Referee's Signature: _____

Referee's Name (Print): _____ Referee's Signature: _____

ALL PARTIES ARE REMINDED OF THEIR RIGHT TO APPEAL UNDER THE GCR'S



Motorcycling South Australia

(Affiliated with FIM)



COMPETITION REPORT

Permit No: _____

Notice of Penalties Imposed by Referee

Event: _____ Date: _____

Venue: _____

Competitors Names	MA Licence No.	Penalty Imposed	If fined, State Amount	Reason for penalty

If the matter is to be referred to the Controlling Body

NOTICE OF REFERRALS

Competitors Name	MA Licence No.	Reason for Referral

Notes:

This document is confirmed by the Steward:

Trainee

Referee's Name (Print): _____ Referee's Signature: _____

Referee's Name (Print): _____ Referee's Signature: _____



Motorcycling South Australia Inc
The controlling body of Motorcycling in South Australia
(Affiliated with FIM)



INDEMNITY FORM

Attention Officials:

Please ensure that each Rider reads and understands the Indemnity Form below and acknowledges this by signing the Rider Sign In, Licence Check & Indemnity Form.

To assist in this please ensure the following two pages (the Indemnity Form and the Sign on Sheet) are attached as one sheet of paper, you may use Staples or sticky tape etc. or alternatively photocopy the two sheets onto one A3 size sheet of paper.

The sheets must be attached for insurance purposes.

If you need to use more than one sign on form please also ensure the extra form is attached to the Indemnity form.



OFFICIALS

ALL OFFICIALS MUST READ THIS FORM AND SIGN BELOW



1. **I / WE THE UNDERSIGNED (see below):**Licence NO: _____ **HEREBY AGREE** with the persons, organisations and bodies corporate whose names appear in Schedule 1 (hereinafter collectively called "the organiser") that I am by this agreement entitled to participate in the motorcycle activity/meeting listed in Schedule 2 (hereinafter called "the meeting") at the venue listed at Schedule 3 (hereinafter called "the venue") on the terms and conditions set out in this document.

ACKNOWLEDGMENT OF RISKS, DANGERS AND OBLIGATIONS

2. **I ACKNOWLEDGE** that motorcycle sport is dangerous and that by engaging in the sport and officiating at the meeting I take and am exposed to certain risks and dangers and am under certain obligations as follows:-

- (a) that I may be injured, physically or mentally, and may be killed;
- (b) that my machinery or equipment may be damaged, lost or destroyed;
- (c) that competitors may ride dangerously or with a lack of skill;
- (d) that track or event conditions may be hazardous and may vary without warning or predictability;
- (e) that organisers, officials, landowners/track operators and any agents or representatives of those in charge of meetings are frequently obliged to make decisions under pressure of time/or events;
- (f) that any policy of insurance of or in respect of my life or physical or mental health may be voided;
- (g) that there may be no or inadequate facilities for treatment or transport of me if I am injured;
- (h) that I have an obligation to myself and to others to act safely and within the rules and regulations of Motorcycling Australia.

INDEMNITY GIVEN TO ORGANISERS

3. **IN CONSIDERATION** of the acceptance of me as an official in the meeting **I AGREE TO INDEMNIFY** the organisers and each of them in the following manner:

- a) that I participate in the meeting at my sole risk and responsibility;
- b) that I accept the venue as it stands with all or any defects hidden or exposed.
- c) that I indemnify and hold harmless the organisers, their respective servants, agents, officials and competitors against any actions or claims which may be made by me or on my behalf for or in respect of or arising out of my death or any injury loss or damage caused to me or my equipment whether caused by negligence, breach of contract or in any other manner whatsoever.

- SCHEDULE 1.**
- 1) FEDERATION INTERNATIONALE MOTOCYCLISME (International Controlling Body)
 - 2) MOTORCYCLING AUSTRALIA LTD (National Controlling Body)
 - 3) MOTORCYCLING SOUTH AUSTRALIA INC (State Controlling Body)
 - 4) (Promoter)
 - 5) (Land Owner)
 - 6) (Sponsor)
 - 7) (Landowner)

SCHEDULE 2. (Meeting Title)

SCHEDULE 3. (Venue)

4. **I/WE THE UNDERSIGNED STATE THAT WE HAVE READ THE INDEMNITY AND AGREE TO THE TERMS AND CONDITIONS AS STATED. IF SIGNING AS A GUARDIAN, PLEASE NOTE THIS AGAINST YOUR SIGNATURE.**

RESPONSIBLE PERSON: **SIGNATURE:** **DATE:**

THIRD PARTY INDEMNITY WHERE OFFICIAL IS UNDER 18 YEARS OF AGE

5. **I / WE** being the parents or guardians of the person named in Clause 1 (hereinafter called "the entrant") **HEREBY ACKNOWLEDGE:**

- a) that I/we have read the whole of this document and understand it;
- b) that I/we consent to the entrant participating in the race meeting; AND
- c) that I/we are aware of the risks, dangers and obligations set out in Clause 2 hereof;

6. **IN CONSIDERATION** of the official being accepted as an official of the PRACTISE I/WE **HEREBY INDEMNIFY** the organisers in the same manner and to the same effect as if I/WE were the official.

PARENT/GUARDIAN SIGNATURE: **DATE:**



MOTORCYCLING SOUTH AUSTRALIA

Officials Sign On Form



Permit No: _____

I, the undersigned, state that I have read and that I understand the **Indemnity Form** and agree to the terms and conditions as stated.

Please Note:

- All officials **MUST** complete this form. *This form to be completed by Officials only*
- If a change of Key Official or First Responsible Person is to occur, this must be noted.

Date	Name (Please Print)	Signature	MA Licence No	Accreditation Level	Expiry Date	Position	Time In	Time Out

Change of Responsible Person (Key) Official

Date	Name	Signature	Time Out	Reason	
Date	Name	Signature	Time In	Time Out	Comment

Responsible Person Name: _____ Signature: _____ Date: _____



COMPETITION REPORT

Photographer's Indemnity

Permit No: _____

Date: _____

Event:	Location:
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I HEREBY AGREE

To indemnify Motorcycling Australia Ltd, Motorcycling South Australia, it's Officials and all Competitors against any personal injury or damage to my property which may be incurred in return for permission to enter the infields of the RAHS Arena for the purposes of photography.

Photographers must be accredited by Motorcycling SA to enter the track at any Open or state permitted event- if not accredited you could be refused entry to the closed circuit.

Photographers must a minimum age of 16 years to enter the track

This policy applies to all disciplines excluding Moto Trials & Enduro

I HEREBY AGREE to comply with requests of all Officials and to immediately vacate any area if ordered to do so.

I UNDERSTAND Motorcycle racing in **DANGEROUS** and I **AGREE** to the above.

Photographer Accreditation No.	Full Name	Email Address	Contact Number	Signature



Motorcycling South Australia

(Affiliated with FIM)



COMPETITION REPORT

Voluntary Workers Indemnity

Permit No: _____

Date: _____

1. I agree to abide by and be bound by the Supplementary Regulations, the GCR's and any Rules or Conditions imposed by Motorcycling Australia or MSA.
2. I am fully aware that motorcycle racing is dangerous and I am fully aware of the possibility of death, injury or damage to property and hereby agree to participate as an official entirely at my own risk.
3. I agree not to hold responsible Motorcycling Australia or any affiliated organisations, including FIM or MSA, the race meeting organisers, the circuit/course/land owner(s), any marshal, official of the meeting, ambulance/first aid person(s) (or employees or agents of the aforesaid) or any rider, passenger, mechanic, entrant for any injury, damage or loss that I may suffer while attending this meeting.
4. I have read all of the above and fully understand the above.
I expressly agree to be bound by the above and that the above shall bind my personal representative(s), beneficiaries or any person who may claim from my estate.

Date	Name (Please print)	Address	Signature	Capacity

**PARTICIPANT DECLARATION
CONTRACT TO PARTICIPATE IN THE
<ADD EVENT NAME HERE>**

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]

HEREBY AGREE with Motorcycling Australia Limited ("MA") that I am by this agreement entitled to participate in the motorcycle activity/meeting listed in Schedule 2 (hereinafter called "the Meeting" or the "Event") at the venue listed at Schedule 3 (hereinafter called "the Venue") on the terms and conditions set out in this document.

DEFINITIONS

2. In this declaration:
 - a) "Claim" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against a Motorcycling Organisation under any right expressly conferred by its constitution or regulation;
 - b) "Indemnities" means and includes the persons, organisations and bodies corporate whose names appear in Schedule 1.
 - c) "MA" means Motorcycling Australia Limited;
 - d) "State Controlling Body" (SCB) means a state or territory motorcycling association affiliated as a member of MA;
 - e) "Motorcycling Activities" means performing or participating in any capacity in any authorised or recognised Motorcycling Organisation event, meeting or activity;
 - f) "Motorcycling Organisation" means and includes MA, and the MA members (including the SCBs and affiliated clubs) and where the context so permits, their respective directors, officers, members, servants or agents.

ACKNOWLEDGMENT OF RISKS, DANGERS & OBLIGATIONS

3. I ACKNOWLEDGE that:
 - a) motorcycle sport is dangerous and that by engaging in the sport (whether as a competitor, recreational rider, coach, official or media) at the Meeting I take and am exposed to certain risks and dangers and am under certain obligations as follows:
 - i) that I may be injured, physically or mentally, and may be killed;
 - ii) that my machinery or equipment may be damaged, lost or destroyed;
 - iii) that competitors may ride dangerously or with a lack of skill;
 - iv) that track or event conditions may be hazardous and may vary without warning or predictability;
 - v) that organisers, officials, landowners/track operators and any agents or representatives of those in charge of meetings are frequently obliged to make decisions under pressure of time/or events;
 - vi) that any policy of insurance of or in respect of my life or physical or mental health may be voided;
 - vii) that there may be no or inadequate facilities for treatment or transport of me if I am injured;
 - viii) that I have an obligation to myself and to others to act safely and within the rules and regulations of MA;
- b) the Indemnities do not make any warranty that the services at the Meeting will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied;
- c) to the extent that any warranty is implied it is excluded to the full extent permitted by law;
- d) have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Event.

4. WARNING UNDER The Australian Consumer and Fair Trading Act 2012 (Vic)

Under the provisions of the Australian Consumer and Fair Trading Act 2012 (Vic) several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are:

- rendered with due care and skill;
- as fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
 - reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the supplier.

Under section 22N of the Australian Consumer and Fair Trading Act 2012 (Vic) the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the Australian Consumer Law and Fair Trading Act 2012 (Vic) if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" is defined in Regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 (Vic).

For the purposes of the clause 3, "the Supplier" shall mean and include the Indemnitees

For the purposes of the clause 3, "the Supplier" shall mean and include the Indemnities.

INDEMNITY AND RELEASE GIVEN TO ORGANISERS

5. IN CONSIDERATION of the acceptance of me as a participant in the Meeting:

- a) I AGREE TO INDEMNIFY AND KEEP INDEMNIFIED to the full extent permitted by law the Indemnities and each of them in the following manner:
 - i) that I participate in the meeting at my sole risk and responsibility;
 - ii) that I accept the Venue as it stands with all or any defects hidden or exposed;
 - iii) that I indemnify and hold harmless the Indemnities, their respective servants, agents, officials and competitors against any actions, costs, losses or claims which may be made by me or on my behalf for or in respect of or arising out of my death or any injury loss or damage caused to me or my equipment whether caused by negligence, breach of contract or in any other manner whatsoever.
- b) I AGREE TO RELEASE to the full extent permitted by law the Indemnities and each of them from all liability to me for any claim, loss, damage, cost or expense (whether arising under statute, from negligence, personal injury, psychological trauma, death, property damage or infringement of third party rights or otherwise) that arises as a result of any act, matter or thing done, permitted or omitted to be done by me or which is in any way connected with my presence at or involvement in the Event.
6. The release and indemnity provided by me in this declaration is in addition to, and will not in any way limit the application of, the conditions of sale attaching to tickets, conditions of entry, conditions of credentials or any other applicable terms or conditions in respect of the Event.
7. A term of this release and indemnity will not apply where the term contravenes the law of the relevant jurisdiction under which any legal action is legitimately taken however such terms are severable and do not invalidate the remaining terms.

MEDICAL

8. I declare that I am and must continue to be medically and physically fit and able to participate in the Meeting. I will immediately notify MA in writing via my SCB of any change to my fitness and ability to participate. I understand and accept the Indemnities will continue to rely upon this declaration as evidence of my fitness and ability to participate.
9. I acknowledge and agree that if required, the Indemnities (or any of them) may arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by the Indemnities and agree to meet all costs associated with such action. I understand it is compulsory for me to have ambulance insurance in some form and I accept responsibility for the cost of ambulance transportation, ambulance cover and further agree to maintain ambulance cover during the term of my license / membership.

10. PRIVACY

MA, my SCB use and disclose personal information for the purposes of conducting and administering Motorcycling Activities and other related activities, including for identifying participants, recording results and providing member services or promotional material. MA collects, uses and discloses personal information in accordance with its privacy policy. MA may share your information with third parties as required by law, and including but not limited to disclosing your personal information for the purpose of administering Motorcycling Activities. The MA privacy policy contains information about how to access and correct personal information held by MA or how to make a complaint. Applications or services may be rejected if requested information is not provided. In certain circumstances, your information may be disclosed overseas, for example, to FIM. Contact information and a copy of MA's privacy policy is available on our website at www.ma.org.au.

PERSONAL HEALTH INFORMATION

11. I hereby agree with MA and the SCB that in consideration for my participation in the Event that MA and the SCB may receive, collect, store and use personal health information about me in the manner set out below:
 - a) **I ACKNOWLEDGE that:**
 - i) If I am injured, become ill or die at or following the Event the party listed at Item 8 in Schedule 1 in addition to any hospital at which I am treated (together "my Carers") will have health related information about me in their possession, power and control relating to me which is subject to obligations imposed by the Privacy Act ("my Information") and the Privacy Act is intended to protect my personal information;
 - ii) MA and my SCB wish to collect my Information for purposes that include their risk management programs, evaluating and improving the safety of MA and SCB events and of the Meeting organisers and facility providers of MA / SCB permitted events, and generally to reduce the risks to persons engaged in motorcycle sport; and
 - iii) It is reasonable for MA and my SCB to collect, store, use and disclose my Information in accordance with clause 11(a)(i) above and in the manner set out in clause 11(b).
 - b) **IN CONSIDERATION** of my acceptance as an entrant in the Meeting I consent and agree that MA and my SCB:
 - i) may collect and store any of my Information, including obtain my Information from third parties including my Carers;

may use any information collected in accordance with this clause for any purpose consistent with creating safer competition in motorcycle sport and events held by or in conjunction with MA, my SCB, or with an MA or SCB permit;

- iii) may disclose my Information to third parties provided such disclosure is reasonably intended to be used for the purpose of improving safety at events held by or in conjunction

with MA, or with an MA permit provided any such information is held by MA or my SCB in accordance with the MA Privacy Policy.

- c) I irrevocably authorise MA and my SCB and hereby appoint MA and my SCB as my lawful attorneys to collect from my Carers, and I hereby direct my Carers to provide to MA or my SCB upon request being made by MA or my SCB, any of my Information including but not limited to any information concerning any incident or event causing or contributing to or resulting from any injury, illness or death to me, the details of any diagnosis and prognosis provided to me by my Carers (or any party with the knowledge of any of my Carers), and any other matter to the knowledge of my Carers that might reasonably be considered to be requested by MA or my SCB for the purpose of improving safety at MA and SCB events.

POLICIES AND REGULATIONS

12. I acknowledge, understand and agree that it is a condition of my participation in the Event that I agree to be bound by, and subject to, the rules, regulations and jurisdiction of MA as amended from time to time. Copies of all MA rules, policies and regulations are available by contacting the MA office.
13. All participants are bound by the MA anti-doping policy and thus understand they may be subject to drug testing. Testing conducted by the Australian Sports Anti-Doping Authority (ASADA) is in accordance with the ASADA Act and the National Anti-Doping Scheme. This involves the taking of a sample (any human biological fluid or tissue whether alive or otherwise, or any human breath) for the purpose of detecting the use of a Prohibited Drug or Doping Method. Any participant infringing MA's policy or refusing a drug test may be disqualified or otherwise dealt with in accordance with the terms of the anti-doping policy.

EXECUTION

14. 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.

NAME (PRINT): X.....

SIGNATURE: X.....**DATE:**

PASSENGER (PRINT): X.....

SIGNATURE: X.....**DATE:**

THIRD PARTY INDEMNITY WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

15. **I/WEX**
being the parents or guardians of the person named in Clause 1 (hereinafter called "the entrant")
HEREBY ACKNOWLEDGE:

- a) 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.

16. **IN CONSIDERATION** of the entrant being accepted as a participant in the Meeting **I/WX** **HEREBY INDEMNIFY AND RELEASE** the Indemnities in the same manner and to the same effect as if I/WX were the entrant and agree to personally accept all terms and conditions and obligations set out in this declaration,

PARENT/GUARDIAN: X

SIGNATURE: X**DATE:**

SCHEDULE 1.

- 1) Federation Internationale de Motocyclisme
- 2) Motorcycling Australia Ltd
- 3) Motorcycling S.A.
- 4) <Add Promoter/Event Organiser Here>
- 5) <Add Track Hirer Here>
- 6) <Add Land Owner Here>
- 7) <Add Sponsor Here>
- 8) <Add First Aid Provider Here>
- 9) <Add Other Here>
- 10) All other persons involved in the organisation, conduct and promotion of the Event or construction or location of the facilities used in connection with or otherwise related to the Event
- 11) Each of the respective officers, employees, servants, agents, sponsors, successors and assignees of each of the above.

SCHEDULE 2:

<Add Meeting Time & Date Here>

SCHEDULE

3:<AddVenueHere>



Motorcycling South Australia

Competition Rider's Sign In, Licence Check & Indemnity



Permit No. _____ Date: _____

I / WE the undersigned state that we have read the indemnity and agree to the terms and conditions as stated.

Date	Name	Signature <small>(Parent/Guardian if rider is under 18 years of age)</small>	Parent/Guardian Print Name	Licence No.	Expiry Date

PLEASE NOTE: By signing this form you are acknowledging MSA may take photographs of you or your child at this meeting and acknowledge that these photos may be used for marketing purposes, including but not limited to the MSA website.



Motorcycling South Australia

Non-Competition (Demo/Rally Class) Rider's Sign In, Licence Check & Indemnity



Permit No. _____ Date: _____

I / WE the undersigned state that we have read the indemnity and agree to the terms and conditions as stated.

Date	Name	Signature <small>(Parent/Guardian if rider is under 18 years of age)</small>	Parent/Guardian Print Name	Licence No.	Expiry Date

PLEASE NOTE: By signing this form you are acknowledging MSA may take photographs of you or your child at this meeting and acknowledge that these photos may be used for marketing purposes, including but not limited to the MSA website.



Permit No: _____

Motorcycling South Australia

(Affiliated with FIM)

COMPETITION REPORT



Date _____

Rider's Briefing for Juniors

I / WE the undersigned state that we have attended the rider's briefing and agree to abide by the instructions.

Licence Number	Name	Signature <small>(Parent/Guardian if rider is under 18 years of age)</small>	Parent/Guardian Print Name

COMPETITION REPORT

Date: _____

Rider's Briefing for Seniors

I / WE the undersigned state that we have attended the rider's briefing and agree to abide by the instructions.

Licence Number	Name	Signature <small>(Parent/Guardian if rider is under 18 years of age)</small>	Parent/Guardian Print Name



Motorcycling South Australia Machine Examination



Permit No: _____

Event: _____

Date: _____

Page: _____

Rider Number	Name	MA Licence Number	Helmet	Riding Boots	Protective Riding Gear	Front Tyre/Wheel	Front Wheel Spokes	Cross Bar Padding	Handle Bars	End Plugs	Lever Ends	Clutch	Throttle	Kill switch - Lanyard	Front Brakes Speedway N/A	Foot Pegs	Rear Brakes Speedway N/A	Chain Guard	Chain	Drain Plug	Rear Wheel Spokes	Rear Tyre/Wheel	Muffler/Exhaust	Side Car Mounts Quads NA	Side Car Wheel Quads NA	Nerf Bar Quads Only	Forks Quads	Remarks

Chief Scrutineer's Name _____ Chief Scrutineer's Signature _____ Date: _____



Motorcycling South Australia
(Affiliated with FIM)



COMPETITION REPORT

Permit No: _____

Change of Bike Notification Form

Name of Rider: _____

Class Rider Competing in: _____

Changing **from** bike: _____

Changing **to** bike: _____

Signature of Rider: _____

Officials Name: _____

Officials Signature: _____

Date: _____



Motorcycling South Australia
(Affiliated with FIM)



COMPETITION REPORT

Permit No: _____

Change of Bike Notification Form

Name of Rider: _____

Class Rider Competing in: _____

Changing **from** bike: _____

Changing **to** bike: _____

Signature of Rider: _____

Officials Name: _____

Officials Signature: _____

Date: _____



Motorcycling South Australia

(Affiliated with FIM)



COMPETITION REPORT

Date _____

Mechanics Sign In

I / WE the undersigned state that we have attended the rider's briefing and agree to abide by the instructions.

Rider	Mechanic	Signature <small>(Parent/Guardian if rider is under 18 years of age)</small>	Licence Number

