



## Medical Information Form

*It is important for your care to complete all sections correctly*

### Rider Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_ Bike No: \_\_\_\_\_ Team Name: \_\_\_\_\_ Entrant Licence No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian (if under 18 years): \_\_\_\_\_

### Emergency Contact Details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Contact Tel: \_\_\_\_\_

### Medical Information:

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Current Medications: \_\_\_\_\_

GP/Family Doctors Name: \_\_\_\_\_

Medical History / Hospital Visits in Past 2 Years: \_\_\_\_\_

Last Surgery (date & details): \_\_\_\_\_

Last Time of Concussion or Unconsciousness (Knocked Out): \_\_\_\_\_

Rider's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18 years): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Collection of Personal Health Information:

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:

- If I am injured, become ill or die at or following the Event of the **2014 Australian Supercross Championship** 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;
- Racesafe Pty Ltd, 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 the **2014 Australian Supercross Championship**
- It is reasonable for Racesafe Pty Ltd, MA and my SCB to collect, store, use and disclose my Information in accordance with clause 8(a)(i) above and in the manner set out in clause 8(b).

#### b) IN CONSIDERATION of my acceptance as an entrant in the Meeting I consent and agree that Racesafe Pty Ltd, MA and my SCB:

- 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; including the **2014 Australian Supercross Championships**
- 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 Racesafe Pty Ltd in accordance with the MA Privacy Policy.

#### c) I irrevocably authorise Racesafe Pty Ltd, MA and my SCB and hereby appoint Racesafe Pty Ltd, 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.