# INDEMNITY FORM
# YACKANDANDAH BILLY CART RACE
# SUNDAY 6th of NOVEMBER 2016.

**If the person participating in the Billy Cart Race is under 18 years of age, a parent or guardian must complete this form.**

I acknowledge that by participating in the Billy Cart Race I agree to indemnify the organisers in the following manner;

a) That I participate in this meeting at my sole risk and responsibility
b) That I accept the venue as it stands
c) That I indemnify and hold harmless the organisers and officials against any actions or claims which may be made by me or on my behalf arising out of any injury that may occur.

## Consent to Medical Attention

I consent, where it is impracticable to communicate with me,

- To the person in charge seeking such medical/surgical treatment deemed necessary.
- Administer such first-aid as the person in charge may judge to be reasonable and necessary.

☐ Yes, we have private medical cover – Fund…….M'Ship No……..…

☐ No, we don't have private medical cover

☐ Yes, we have Ambulance cover – Membership number……

☐ No, we don't have ambulance cover. (an ambulance will be called if needed)

☐ Medicare Number……..

| **DATE** | **PARTICIPANTS NAME** | **SIGNATURE If Under 18, parent/guardian to sign** | Next of Kin Emergency Contact |
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