

AUSTRALIAN MOTORCYCLIST ASSOCIATION INC (AMA)
AUSTRALIAN MOTORCYCLIST ASSOCIATION INC (AMA)

PO Box 6421, Yatala DC QLD, 4207

T: 0476 783 090 E: events@amaclubs.com.au W: www.motorist.asn.au / www.motorcyclist.asn.au

ACKNOWLEDGEMENT OF THE RISKS OF MOTOR VEHICLE USE AND MEDICAL SECTION

ALL APPLICANTS MUST AGREE AND SIGN IN INK

READ CAREFULLY BEFORE SIGNING TO ENSURE YOU AGREE.

THESE TERMS AND CONDITIONS ARE WRITTEN WITH YOUR SAFETY IN MIND.

PLEASE REFER TO THE INDIVIDUAL EVENT ORGANISER'S TERMS AND CONDITIONS OR EVENT DETAILS FOR SPECIFIC INSTRUCTIONS.

USE OF MOTOR VEHICLES CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

YOU MUST READ AND AGREE TO THE FOLLOWING DECLARATION WHICH IS DESIGNED TO CREATE A LEGALLY BINDING RELATIONSHIP IN RETURN FOR YOU BEING ALLOWED TO APPLY FOR AN AMA MEMBERSHIP

DECLARATION

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT I AM FIT AND ABLE TO PARTICIPATE EACH AND EVERY TIME I ENTER AN AMA EVENT. I WILL NOT, AT ANY TIME PARTICIPATE AGAINST MEDICAL ADVICE.

THE ORGANISERS WILL DO THEIR UTMOST TO ENSURE THE EVENT IS AS SAFE AS POSSIBLE

ALL PARTICIPANTS WHO WISH TO PARTAKE IN AN AMA EVENT MUST ACT RESPONSIBLY AT ALL TIMES AT THE EVENT, BOTH ON AND OFF TRACK. ALL PARTICIPANTS MUST ACT IN ACCORDANCE WITH THE GUIDELINES, REGULATIONS AND RULES.

ALL PARTICIPANTS MUST CONSIDER CAREFULLY THE RISKS THEY UNDERTAKE WHENEVER THEY PARTAKE. IT IS RECOGNISED BY ALL PARTICIPANTS THAT THERE IS AN INHERENT RISK IN THE USE OF MOTOR VEHICLES. THERE MAY BE ACCIDENTS WHICH RESULT IN THE DEATH, PERMANENT DISABILITY OR SERIOUS INJURY OF OTHER PARTICIPANTS AND / OR SPECTATORS.

ALL PARTICIPANTS MUST APPRECIATE THAT THEY PARTAKE IN MOTOR VEHICLE EVENTS ENTIRELY AT THEIR OWN RISK.

BY ENDORSING THIS APPLICATION FOR MEMBERSHIP AND REGISTRATION, THE PARTICIPANT CONFIRMS AND AGREES:

1. THE ANSWERS GIVEN BY ME IN THIS MEMBERSHIP APPLICATION ARE TRUE.
2. I FULLY UNDERSTAND THE TYPE OF EVENTS WHICH THE MEMBERSHIP ALLOWS ME TO ENTER AND THE GUIDELINES, REGULATIONS AND RULES THAT APPLY TO SUCH EVENTS AND TO PARTICIPANTS AND WILL COMPLY WITH THEM.
3. I WILL ENSURE THAT BEFORE I ENTER ANY EVENT I AM COMPETENT AND THAT ANY VEHICLE I USE IS SAFE AND FIT FOR PARTICIPATION AND THE NATURE OF THE COURSE.
4. I WILL SATISFY MYSELF BEFORE TAKING PART IN ANY EVENT THAT THE VENUE IS ACCEPTABLE TO ME WITH REGARD TO ITS FEATURES AND PHYSICAL LAYOUT AND THAT I AM SATISFIED THAT IT IS SAFE FOR ME TO TAKE PART.
5. I WILL NOT ENTER OR TAKE PART IN ANY EVENT WHERE I HAVE DOUBTS AS TO MY SAFETY.
6. I WILL INFORM THE AMA IMMEDIATELY AND IN WRITING IF, FOR ANY REASON I BELIEVE THAT I AM NO LONGER ABLE TO SATISFY THE TERMS OF THIS MEMBERSHIP OR I BECOME AWARE THAT I HAVE BECOME UNABLE TO PARTICIPATE DUE TO A PHYSICAL OR OTHER DISABILITY.
7. THAT THERE IS AN INHERENT RISK OF INJURY OR DEATH BY PARTICIPATING IN MOTOR VEHICLE EVENTS.
8. I AM NOT TAKING DRUGS (PRESCRIBED OR OTHERWISE) OR OTHER MEDICATION NOR DO I HAVE ANY MEDICAL CONDITION, AMPUTATION / LOSS OF LIMB OR IMPAIRED VISION THAT ADVERSELY AFFECTS MY ABILITY TO PARTICIPATE SAFELY OR COMPROMISES THE SAFETY OF OTHERS
9. AS THE PARTICIPANT, I WILL READ AND ABIDE BY THE AMA REGULATIONS AND RULES AND CONDITIONS OF ENTRY FOR EACH EVENT.
10. IN THE EVENT I AM INVOLVED IN AN ACCIDENT AT AN AMA EVENT I WILL ALLOW MY PERSONAL DETAILS TO BE PASSED BY THE FIRST AID PROVIDERS TO AN EVENT OFFICIAL.
11. I UNDERSTAND MY MEMBERSHIP WILL NOT BE ISSUED UNTIL AMA AUTHORISATION HAS BEEN RECEIVED.
12. I UNDERSTAND THAT PAYMENT WILL BE PROCESSED IMMEDIATELY BUT MY MEMBERSHIP WILL NOT BE RECEIVED UNTIL AMA APPROVAL IS RECEIVED.

MEDICAL DECLARATION

IN ACCEPTING THESE TERMS & CONDITIONS YOU ARE CONFIRMING THAT YOU WILL NOT PARTICIPATE, AT ANY TIME, AGAINST MEDICAL ADVICE. IT IS YOUR RESPONSIBILITY TO ENSURE YOU ARE FIT AND ABLE TO PARTICIPATE EACH AND EVERY TIME YOU ENTER AN AMA EVENT. IF THE ANSWER TO ANY OF THE QUESTIONS 1-16 BELOW IS YES - YOU SHOULD SEEK MEDICAL GUIDANCE BEFORE COMPLETING THIS APPLICATION. IF THE ANSWER TO QUESTION 17 IS YES - THEN PLEASE PROVIDE THE INFORMATION THAT YOU PROVIDED TO THE TRANSPORT AUTHORITY ALONG WITH THE NAME OF YOUR DOCTOR.

1. DO YOU SUFFER FROM EPILEPSY, FITS, BLACKOUTS OR ANY OTHER CONDITION WHICH MAY CAUSE LOSS OF CONSCIOUSNESS
2. DO YOU SUFFER FROM ANY CONDITION WHICH MIGHT CAUSE DIZZINESS, VERTIGO OR LOSS OF BALANCE
3. HAVE YOU EVER BEEN UNCONSCIOUS BECAUSE OF A HEAD INJURY OR SUFFERED A CONCUSSION IN THE LAST 12 MONTHS
4. IF YOU HAVE SUFFERED A CONCUSSIVE INJURY WITHIN THE LAST MONTH YOU SHOULD SEEK MEDICAL ADVICE BEFORE COMPETING IN AN AMA EVENT.
5. DO YOU SUFFER FROM ANY PROGRESSIVE NEUROLOGICAL DISORDER SUCH AS MULTIPLE SCLEROSIS OR MOTOR NEURONE DISEASE
6. HAVE YOU EVER SUFFERED A STROKE AT ANY TIME
7. DO YOU SUFFER FROM LOSS OF STRENGTH, LOSS OF FEELING, LOSS OF CONTROL OR LOSS OF MOVEMENT ON ANY OF YOUR LIMBS, HEAD OR NECK
8. HAVE YOU SUFFERED AN AMPUTATION OF ANY OF YOUR LIMBS OR PARTS OF LIMBS
9. DO YOU HAVE ANY ARTIFICIAL LIMBS
10. HAVE YOU EVER HAD A SURGICAL PROCEDURE FOR A HEART CONDITION (E.G. BYPASS, ANGIOPLASTY, PACEMAKER FITTED)
11. HAVE YOU BEEN DIAGNOSED WITH ANY KIND OF TUMOUR OR CANCER
12. DO YOU SUFFER FROM ANY CONDITION AFFECTING THE MAIN ARTERIES (E.G. BYPASS, GRAFT, AORTIC ANEURYSM)
13. HAVE YOU BEEN DIAGNOSED WITH DIABETES
14. DO YOU SUFFER FROM ANY PSYCHIATRIC OR EMOTIONAL ILLNESS
15. DO YOU SUFFER FROM HYPERTENSION (HIGH BLOOD PRESSURE)
16. DO YOU SUFFER FROM ANY CONDITION OR DISEASE AFFECTING YOUR EYES OR EARS
17. DO YOU SUFFER FROM OR ARE YOU ENGAGED IN ALCOHOL, DRUG, OR SUBSTANCE MISUSE
18. IF YOU HOLD AN AUSTRALIAN TRANSPORT AUTHORITY DRIVERS LICENCE (WHETHER FULL OR PROVISIONAL) IS THERE ANY REASON FOR MEDICAL RESTRICTIONS TO BE IMPOSED UPON IT

IF IN ANY DOUBT PLEASE CONTACT THE AMA OFFICE BEFORE PROCEEDING.

PARENTAL/ GUARDIAN AGREEMENT FOR MEMBERSHIP APPLICANTS AGED UNDER 18

1. I HAVE READ THIS APPLICATION FOR AN AMA MEMBERSHIP AND CONFIRM THE TRUTH OF THE APPLICANT'S ANSWERS.
2. I CONFIRM THAT THE APPLICANT IS COMPETENT TO PARTICIPATE IN EVENTS OF THE TYPE TO WHICH THEIR ENTRIES RELATE AND THAT MOTOR VEHICLES ENTERED WILL BE SUITABLE, SAFE AND WILL COMPLY WITH THE RULES FOR THOSE EVENTS.
3. I WILL ENSURE THAT THE APPLICANT COMPLIES WITH THE DECLARATION WHICH THEY ENDORSE AND WILL SATISFY MYSELF AS TO THE SAFETY OF THEIR MOTOR VEHICLE AND THE SAFETY OF THE VENUE BEFORE ALLOWING THEM TO TAKE PART.
4. I CONFIRM THAT THE APPLICANT DOES NOT SUFFER FROM ANY PHYSICAL, MEDICAL OR OTHER DISABILITY THAT WOULD MAKE IT UNSAFE FOR THEM TO PARTAKE AS A PARTICIPANT OR COMPROMISE THE SAFETY OF OTHERS.
5. I ACCEPT THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE APPLICANT READS AND UNDERSTANDS THE AMA GENERAL GUIDELINES, TRAIL RIDE AND SUPPLEMENTARY GUIDELINES AND FINAL INSTRUCTIONS SUBSEQUENTLY ISSUED AND ENTRY FORMS AND THAT THE APPLICANT WILL COMPLY WITH THEM. DURING EVENT PROCEEDINGS ENTERED INTO BY THE APPLICANT, HE / SHE WILL BE ACCOMPANIED BY A PARENT / LEGAL GUARDIAN.
7. I ACCEPT AND AGREE THAT PHOTOGRAPHS OR VIDEO FOOTAGE MAY BE TAKEN OF THE APPLICANT BY OFFICIALS DEALING WITH SAFETY ISSUES OR ACCIDENT INVESTIGATIONS. I ACCEPT AND AGREE THAT PHOTOGRAPHS MAY ALSO BE TAKEN FOR PROMOTIONAL PURPOSES AND MAY APPEAR ON THE AMA WEBSITES OR IN PRESS RELEASES AND LITERATURE.
8. I HAVE READ AND UNDERSTOOD THE 'ACKNOWLEDGEMENT OF RISK OF MOTOR VEHICLE USE' ABOVE AND I CAN CONFIRM THAT THE APPLICANT AND I ARE AWARE OF THE DANGERS INHERENT IN MOTOR VEHICLE USE, WHICH INCLUDE THE RISK OF DEATH, PERMANENT DISABLEMENT OR SERIOUS INJURY
9. I CONFIRM THAT THE APPLICANT WILL ALWAYS HAVE A PARENT/GUARDIAN WITH THEM AT ANY AMA EVENT

PRIVACY ACT

THE AMA IS COMPLIANT WITH THE PRIVACY ACT. THE AMA AND PARTNERS MAY CONTACT YOU WITH EVENT, ORGANISATION AND MARKETING INFORMATION.