



## 2019 Victorian HPV Grand Prix Series Consent, Release and Indemnity

(Form to be completed by all riders and returned before the event)

Riders first Race of 2019

I, \_\_\_\_\_ acknowledge and agree that I am entering  
(Team members name)

the Victorian HPV Grand Prix Series.

- 1: I agree to comply with the rules and expectations of the event as specified in the rules and guidelines and as amended from time to time.
- 2: I agree to abide by any directions given by the Event Organiser, Clerk of Course or other official Event Personnel (including track marshals).
- 3: I am physically fit and have trained adequately to participate in the event and understand I need to participate in a safe manner and ride to prevailing conditions.
- 4: I am attending and participating at this event at my own risk and to the best of my ability will participate in a safe manner.
- 5: I understand that any form of racing may be dangerous and accidents do happen at times which may result in harm and /or injury to any team members.
- 6: I understand that the event organisers (Casey-Cardinia HPV & Cycling Club Inc.) and their agents / officials are not responsible for any loss or damage to property or for personal injury which may include such things as death, disability (permanent and or temporary) and psychological trauma, incurred as a result of attending and / or participating in this event, except to the extent prohibited by law.
- 7: I understand that I may be photographed or videoed during the course of this event and give the Event Organisers permission to use these images for promotional purposes. Should I not wish this to happen I will inform the Event Organisers to my objection in writing prior to the event.
- 8: I agree that a medical declaration (similar to those required for school excursions) will be lodged with my team manager which carries relevant medical information to assist with emergency treatment should it be required and that I am covered by adequate and appropriate insurance e.g. school insurance and ambulance cover.
- 9: I have read and understand this form and agree to the terms listed above.

Print

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**The following must be completed by a Parent / Caregiver / Guardian if the participant is less than 18 years of age**

I, \_\_\_\_\_ hereby give consent for my child / charge  
(Name of parent / caregiver)

\_\_\_\_\_ to participate in

(Name of child)

2019 Victorian HPV Grand Prix Series. I have read the document and explained its contents to my child / charge. He / she understand its contents and that they will be participating at their own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_