



OHVALE.COM.AU



2022 Rider Medical Information Form

It is important for your care to complete all sections correctly

Rider Details:

Surname: _____ First Name: _____

Date of Birth: _____ Age: _____ Class: _____ Bike No: _____

Address: _____ Town: _____

State: _____ Postcode: _____ Phone No: _____

Email: _____

Parent / Guardian (if under 18 years): _____

Emergency Contact Details (Not another competitor):

Name: _____ Relationship: _____

Mobile: _____ Alternative Number: _____

Medical Information:

Allergies: _____ Blood Type: _____

Current Medications: _____

GP / Family Doctor / Hospital visits in the last two 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 Ohvale Australia, MA and the SCB that in consideration for my participation in the Event that Ohvale Australia, 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 of the 2022 FIM Mini GP Series 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) Medical Edge Australia, Ohvale Australia, MA and my SCB wish to collect my Information for purposes that include their risk management programs, evaluating and improving the safety of Ohvale Australia, MA and SCB events and of the Meeting organisers and facility providers of Ohvale Australia / MA / SCB permitted events, and generally to reduce the risks to persons engaged in motorcycle sport; and the 2022 FIM Mini GP Series
- iii) It is reasonable for Medical Edge Australia, Ohvale Australia, 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 Medical Edge Australia, Ohvale Australia, MA and my SCB:

- i) may collect and store any of my Information, including obtain my Information from third parties including my Carers;
- ii) 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 Ohvale Australia, MA, my SCB, or with an MA or SCB permit; including the 2022 FIM Mini GP Series
- 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 Ohvale Australia, MA, or with an MA permit provided any such information is held by Medical Edge Australia in accordance with the MA Privacy Policy.

c) I irrevocably authorise Medical Edge Australia, Ohvale Australia, MA and my SCB and hereby appoint Medical Edge Australia, Ohvale Australia, MA and my SCB as my lawful attorneys to collect from my Carers, and I hereby direct my Carers to provide to Ohvale Australia, MA or my SCB upon request being made by Ohvale Australia, 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 Ohvale Australia, MA or my SCB for the purpose of improving safety at Ohvale Australia, MA and SCB events.