

Carnage Off Road PTY LTD
ABN: 73 167 786 825



MEDICAL INDEMNITY FORM

TEAM NAME: _____

VEHICLE: _____

We, (driver) _____ & (navigator) _____

Fully understand that the activities we will be participating in, being off road motor sport, are potentially dangerous to myself, my passengers & others/bystanders in the immediate area.

We understand the Carnage Off-Road organisers, officials, sponsors, volunteers, & land owners will not be held responsible or liable in any accident, injury or damage to ourselves or our vehicles during the event, as well as any breach of any laws in which liability will arise. In signing this form we (being driver, navigator, family, successors, executors & administrators) shall indemnify & forfeit the right to legal action of any kind against Carnage Off-Road organisers, officials, sponsors, volunteers, & land owners.

In the unlikely event of any injuries or illness occurring during a Carnage Off-Road event, we the organisers, officials and officers acting on behalf of Carnage Off-Road are hereby authorised to take such steps as considered necessary, and that the cost of such treatment shall be my responsibility.

We understand that we have a responsibility to act in a safe and responsible manner and report any hazards or safety concerns we have with the operation of the event, including the wellbeing of spectators, marshalls, land holders and other competitor's.

No unsafe behavior will be tolerated and will result in competitors being removed from the event and potentially never race in Carnage Off-Road events in the future.

WE UNDERSTAND AND ACKNOWLEDGE THAT DUTY OF CARE IS THE RESPONSIBILITY OF ALL DRIVERS AND NAVIGATORS

*****STATUTORY DECLARATION*****

(PLEASE DO NOT SIGN UNTIL DAY OF EVENT)

I, (driver) _____ hereby, take sole responsibility for the manufacture and installation of the ROPS and harness in this vehicle, are fit for purpose to race in the event of Carnage Off Road 2021.

Witnessed by a Carnage Off Road Official: _____

DRIVER INFORMATION:

Name: _____ D.O.B: _____

Address: _____

Contact #: _____

Email: _____

Signature: _____

Date: _____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE.
I INDEMNIFY THEM IN RESPECT TO ANY DECISION TAKEN IN THIS REGARD

Medical Details if any:-

- Allergic to: _____
- Diabetes: Yes – No
- Epilepsy: Yes – No
- Asthma: Yes – No
- Heart Condition: Yes – No
- Back or Neck Injury: Yes - No

Other explain: _____

CARNAGE OFF ROAD MUST BE NOTIFIED OF ANY CHANGES IN CIRCUMSTANCES ON DAY OF
COMPETITION

Emergency/Next of Kin Contact:

Name: _____

Address: _____

Contact: _____

Relationship: _____

NAVIGATOR INFORMATION:

Name: _____ D.O.B: _____

Address: _____

Contact #: _____

Email: _____

Signature: _____

Date: _____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE.
I INDEMNIFY THEM IN RESPECT TO ANY DECISION TAKEN IN THIS REGARD

Medical Details if any:-

- Allergic to: _____
- Diabetes: Yes – No
- Epilepsy: Yes – No
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- Back or Neck Injury: Yes - No

Other explain: _____

CARNAGE OFF ROAD MUST BE NOTIFIED OF ANY CHANGES IN CIRCUMSTANCES ON DAY OF
COMPETITION

Emergency/Next of Kin Contact:

Name: _____

Address: _____

Contact: _____

Relationship: _____

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www.carnageoffroad.com.au