



REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER MOTORBIKE. ALL FIELDS ARE REQUIRED.

RIDER: Title _____ First Name _____ Last Name _____

PILLION: (If applicable) Title _____ First Name _____ Last Name _____

License No _____ Motorbike Rego No _____

Phone (mobile) _____ Email _____

Street Address _____ Suburb _____ Post Code _____

For us to set up your online fundraising page we need: DOB ____/____/____ Nominated password: _____

Emergency Contact Name & Phone _____ Relationship _____

Rider Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

Additional Shirt Numbers _____ Size _____ Additional Cap Numbers _____

Do you have any existing medical condition/s that the event ride medics should be made aware of?

REGISTRATION PAYMENT DETAILS (\$80 fee per Motorbike includes one commemorative shirt & one cap)

Additional Shirts @ \$25.00 each / Additional Caps @ \$15.00 each

Total to be charged \$ _____

Payment method: Cheque (attached) Money order (attached) Credit Card

VISA MASTERCARD AMEX

CARD NAME _____ CARD NO _____/_____/_____/_____/_____

EXP ____/____/____ CCV ____

Signature _____ Date ____/____/____

I hereby confirm that the details above are correct and true as at ____/____/____.

As a participant in this event, I will commit to raise \$250 by me and/or my pillion. Additional money raised from this year's Ruff Riders will help save even more lives by providing medication and treatment, to the increasing number of animals that are coming into RSPCA's care each and every year.

Signed _____ Date ____/____/____

Return completed form to:

Events Department, RSPCA Queensland

Locked Bag 3000

Sumner Park BC, QLD 4074

events@rspcaql.org.au

INDEMNITY FORM

(All riders and pillioners to complete)



I, the undersigned _____ (person participating in the **Ruff Riders** event) hereby declares as follows:

1. With this indemnity form, I exempt and release **RSPCA QLD Inc**, and its employees, agents and representatives and any other responsible person involved with the abovementioned Ruff Riders event or activity relating thereto, from or in relation to any claim, action, liability or cost whatsoever incurred to arising from any injuries, loss, damage, expenses or medical costs incurred by the entrant or any person claiming through the entrant, by or through or any way as a result of participating in this event.

2. I declare and confirm that I am medically fit to participate in the abovementioned event, and that I do not pose any threat or risk to myself or other riders by participating in this event. Should any medical condition exist, this would be outlined on my registration form to ensure my condition will not deteriorate or be negatively affected by participating in this event.

3. I am aware that I participate in this event at my own risk, and I undertake to immediately notify an official event staff member should any circumstances/conditions during the course of the ride pose a danger to my health and/or safety.

4. I furthermore exempt the parties as mentioned in paragraph 1, should any claim/action or exhortation be instituted against any such party because of action or neglect on my behalf, if such action causes damage to a third party or persons.

5. I authorize first-aid officers to perform first aid medical treatment on me should it become necessary. I furthermore authorize the first aid officers to give permission to a hospital or medical doctor to perform any necessary treatment in the case of an emergency. Should any medical cost be incurred, it is and will be the responsibility of myself, as a ride participant, to cover these costs.

6. I agree that any personal motorcycle accident claim will be directed to my specific motor vehicle insurance company and/or compulsory third party (CTP) insurance.

7. I declare and confirm that the motorcycle I am riding in the event is in a road worthy condition, currently registered and I have a current driving licence applicable to the make and model of mentioned motorcycle.

I hereby certify that I have read and understand all the details of this indemnity form.

Date: _____

Ride Participant Full Name: _____

Ride Participant Signature: _____

Emergency contact:

_____/_____/_____

(Contact name / relationship /telephone number of emergency contact)