

## **DSMRA RECOGNITION OF RISK FORM** (For participants over 18yrs)

To the Dual Sports Motorcycle Riders Association Incorporated (DSMRA). I intend to participate in an activity operated by the DSMRA.

Participant name \_\_\_\_\_ DSMRA Branch Name \_\_\_\_\_

Activity Date(s) \_\_\_\_\_ Activity Location \_\_\_\_\_

I acknowledge and agree that I will participate in this activity freely, voluntarily and absolutely at my own risk with a full appreciation of the nature of the event and of all risks involved in the activity. I understand certain inherent risks exist in the activities in which I will be participating.

Although the DSMRA and its volunteers will provide me with appropriate directions and will endeavour to manage my exposure to risk, these inherent risks are beyond the full control of the Dual Sports Motorcycle Riders Association volunteers, and cannot be completely avoided by the exercise of reasonable care and skill.

I acknowledge should this activity involve motorcycle riding, that motorcycle riding is a dangerous recreational activity that involves many risks, including but not limited to the following:

- may be physically and emotionally demanding
- changing weather can change the track conditions
- losing control of a motorcycle and colliding with obstacles such as trees, rocks or other participants
- interacting with fauna
- failing to negotiate obstacles including difficult terrain
- being required to push or even carry a motorcycle due to nature or condition of terrain
- falling from motorcycle, possibly at speed
- becoming lost and separated from other participant
- being exposed to the elements for lengthy periods
- emergency services may not be readily accessible
- significant injury
- death
- strained muscle ligaments and cartilages
- broken or dislocated bones or joints
- insect bites and/or animal/reptile bites
- injuries to eyes and loss of sight
- sunburn and/or ultraviolet radiation damage to skin and/or eyes
- dirt, sand, dust or other foreign material entering eyes or skin irritations
- injury caused by burns, cuts and/or abrasions
- concussion and serious head injury
- spinal injury and/or paralysis
- loss of limb
- serious lacerations including de-gloving
- dehydration

I authorise the Dual Sports Motorcycle Riders Association to arrange medical treatment and emergency evacuation services on my behalf and at my cost, in the event of my injury or illness, as its volunteers deem necessary. I understand that the Dual Sports Motorcycle Riders Association volunteers will endeavour to keep personal items safe but that they can accept no responsibility for the safe keeping of those items.

I acknowledge that this form contains a risk warning by the DSMRA and on behalf of the occupier of any private property that may be accessed where this recreational activity takes place.

**I also declare that if riding a motorcycle on this activity, that I am currently licensed to ride a motorcycle in my State of residence and that the motorcycle I am riding in this DSMRA activity is currently registered and fit for purpose.**

Signature \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor Name \_\_\_\_\_ Medical Practice \_\_\_\_\_

please list any relevant medical conditions on reverse

Are you a current DSMRA Member **Yes / No** (please circle); Membership Number \_\_\_\_\_

Witnessed by (Print Name) \_\_\_\_\_ Witness Signature \_\_\_\_\_