PERMIT NUMBER:_____ **VENUE:**_____ **DATE:**_____

PLEASE SIGN BELOW

PARTICIPANT DECLARATION SIGN-ON

14. EXECUTION I THE UNDERSIGNED STATE THAT I HAVE READ AND UNDERSTOOD THE PPD WAIVER (INCLUDING THE WARNING, INDEMNITY AND RELEASE) AND AGREE TO THE TERMS AND CONDITIONS AS STATED.

			Please tick relevant boxes			
First Name	Last Name	Contact Number	MA LICENCE NUMBER	NON MA LICENCE HOLDER	PA INSURANCE PURCHASED	Rider or Guardian Signature