



C30: 09-08

## CONSENT FORM - RIDING WHEN PREGNANT

**PLEASE NOTE**

Required to be completed by all riders intending to race or participate in track work during a pregnancy. This form is to be completed and returned in person to the Chief Stipendiary Steward or by post (marked "Chief Stipendiary Steward - private and confidential") at NZTR, PO Box 38 386, Wellington Mail Centre.

**RIDER DETAILS**

Rider's Name:	
Date of Birth:	

**DECLARATION**

	YES	NO
I have read the pregnancy guidelines supplied by NZTR and I understand the issues and risks involved*.  * if you do not understand the issues and risks involved, please discuss the issues and risks with your doctor prior to signing this form		
I understand that I must have a medical certificate, which is valid for the period in which I am riding, in order to race and continue to participate in track work.		
I understand that I am required to obtain a further medical certificate in accordance with the NZTR Pregnancy Guidelines if I wish to continue to race and/or participate in track work and my current medical certificate is due to expire or has expired.		
I agree to notify NZTR of my pregnancy, and acknowledge and agree that NZTR may inform health and safety officials at the racecourse to ensure that my needs and the unborn child are taken into consideration should any medical emergency occur.		
If any health professional advises me to stop riding (including prior to the expiry of any then current medical certificate), I agree to notify NZTR, and to have the same health professional inform NZTR		
I declare that the information which I have provided is correct and complete. I give my consent for my medical practitioner to disclose health information, relevant only to my medical certificate for riding while pregnant, to relevant officials and officers of NZTR.		

The information collected on this form will only be used for the purposes set out in the NZTR Pregnancy Guidelines. In the collection, use and storage of information, NZTR will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Date