



## PMARC INC. DAY MEMBERSHIP FORM

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### MEDICAL CONDITIONS

*Please list any medical conditions which may influence treatment in an emergency situation e.g. drug allergies, asthma etc.*

\_\_\_\_\_  
\_\_\_\_\_

#### NEXT OF KIN

Name: \_\_\_\_\_  
Phone (Include Mobile): \_\_\_\_\_

#### VET

Preferred Vet: \_\_\_\_\_

#### INSURANCE

*Please note that the club's insurance does not cover riders for personal accident or public liability. You are strongly advised to insure yourself. In the event of an accident, the club reserves the right to call an ambulance, if necessary, at the expense of the injured rider.*

#### PHOTOGRAPHY

*It is a fact of modern life that cameras are everywhere and anyone may be photographed at any point. From time to time photos taken at rallies or events may be used on our public Facebook page or website. If you do not wish us to use any photos of you on a public forum, please indicate this here:*

I do not give permission for Peel Metropolitan Adult Riders to use photographs of me in a public forum.

Rider Signature: \_\_\_\_\_ Date: \_\_\_\_\_