



# Motorcycling South Australia Inc

## WORKING BEE

### Non – Competitive Meeting Report



**IMPORTANT:** This report (fully completed) must be returned to MSA Office **NO LATER** than **5** days after the meeting.  
Incident and Medical Reports must be faxed to the office **NO LATER** than **2** days after the meeting.

VENUE:				
ORGANISER/CLUB:				
Date of Working Bee:				
RESPONSIBLE PERSON DAY 1:	TEL NO:	MA LICENCE NO:	EXPIRY DATE:	OFFICIALS LEVEL:
RESPONSIBLE PERSON DAY 2:	TEL NO:	MA LICENCE NO:	EXPIRY DATE:	OFFICIALS LEVEL:
RESPONSIBLE PERSON DAY 3:	TEL NO:	MA LICENCE NO:	EXPIRY DATE:	OFFICIALS LEVEL:

#### CAMPING OCCURRED AS PART OF THIS WORKING BEE

YES/NO

- The number of MA Licensed officials on duty at the activity Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_
- Total Number of Workers at the activity Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_
- If **any** accident occurred and medical treatment given, full details must be attached to this report

Area Inspected prior to commencement of activity? YES  NO

Condition of Area? GOOD  FAIR  POOR

Weather conditions at the commencement of activity? GOOD  FAIR  POOR

Were there any accidents? NO  YES  How Many? \_\_\_\_\_

Were there any injuries? No  YES  How Many? \_\_\_\_\_

Was the injured person transported by ambulance or were they referred to hospital? YES  NO

Has a preliminary major incident report been completed? YES  NO

What was the purpose of this Working Bee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**'This report is correct to the best of your knowledge'.**

<b>Report is confirmed by the signature below:</b>	
Date:	Signature:





# Injury Report

Return by next business day after event (No later than 24 Hours) to the MSA Office

Facsimile: 08 8332 9100

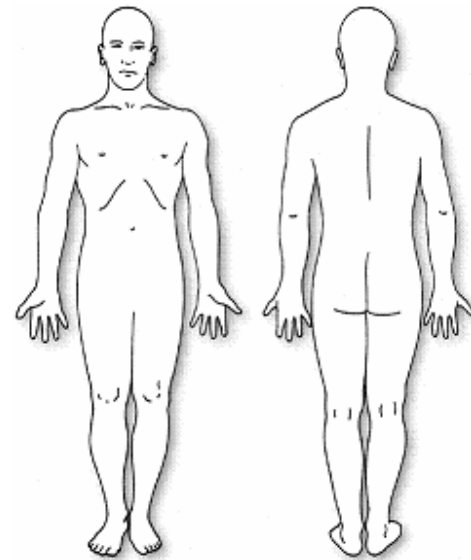
In an event of a death please contact the local police and the General Manager of MSA Chris McArdle on 0408 928 548 Immediately

<b>Date:</b> _____	<b>Club/Promoter</b> _____	<b>Permit No.</b> _____	<b>Venue</b> _____
<b>NAME</b> _____		<b>Rider No.</b> _____	
<b>Date Of Birth</b> _____		<b>MA Licence Number</b> _____	
<b>ADDRESS</b> _____ _____ _____		<b>Licence Expiry Date</b> _____	
		<b>ROLE</b>	
		<input type="checkbox"/> Rider <input type="checkbox"/> Volunteer <input type="checkbox"/> Pit Crew <input type="checkbox"/> Spectator <input type="checkbox"/> Official <input type="checkbox"/> Other (Specify) _____	

**Race** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location** \_\_\_\_\_ **Closest Flag Point No.** \_\_\_\_\_ **Jump No.** \_\_\_\_\_ **Corner No.** \_\_\_\_\_

<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Tendon/ligament
	<input type="checkbox"/> Joint Injury	<input type="checkbox"/> Bone (Fracture)
	<input type="checkbox"/> Muscle	
<input type="checkbox"/> Neurological	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Spinal Injury
	<input type="checkbox"/> Concussed	<input type="checkbox"/> Eye Injury
<input type="checkbox"/> Integument	<input type="checkbox"/> Laceration	<input type="checkbox"/> Abrasion
	<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Puncture
<input type="checkbox"/> Abdominal	<input type="checkbox"/> Pain	<input type="checkbox"/> Haemorrhage
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Resp Distress	<input type="checkbox"/> Chest Pain
<input type="checkbox"/> Medical Condition	Specify _____	



First Aid Only     Ambulance to hospital     Own transport to hospital/Doctor

**Summarise accident and injuries**

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**Update on condition (if known):**

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Medical Provider _____ Medical Officer _____
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Steward _____ <input type="checkbox"/> Track map with injury site marked provided.
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**MSA Phone** (+61-8) 8332 9000 **Fax** (+61-8) 8332 9100 **Internet:** [www.motorcyclingsa.org.au](http://www.motorcyclingsa.org.au)  
**E-mail:** [operations@motorcyclingsa.org.au](mailto:operations@motorcyclingsa.org.au)



# MOTORCYCLING SOUTH AUSTRALIA OFFICIALS



ALL OFFICIALS MUST READ THIS FORM AND SIGN BELOW

1. I / WE THE UNDERSIGNED (see below): .....Licence NO: \_\_\_\_\_ HEREBY AGREE with the persons, organisations and bodies corporate whose names appear in Schedule 1 (hereinafter collectively called "the organiser") that I am by this agreement entitled to participate in the motorcycle activity/meeting listed in Schedule 2 (hereinafter called "the meeting") at the venue listed at Schedule 3 (hereinafter called "the venue") on the terms and conditions set out in this document.

### ACKNOWLEDGMENT OF RISKS, DANGERS AND OBLIGATIONS

2. I ACKNOWLEDGE that motorcycle sport is dangerous and that by engaging in the sport and officiating at the meeting I take and am exposed to certain risks and dangers and am under certain obligations as follows:-

- (a) that I may be injured, physically or mentally, and may be killed;
- (b) that my machinery or equipment may be damaged, lost or destroyed;
- (c) that competitors may ride dangerously or with a lack of skill;
- (d) that track or event conditions may be hazardous and may vary without warning or predictability;
- (e) that organisers, officials, landowners/track operators and any agents or representatives of those in charge of meetings are frequently obliged to make decisions under pressure of time/or events;
- (f) that any policy of insurance of or in respect of my life or physical or mental health may be voided;
- (g) that there may be no or inadequate facilities for treatment or transport of me if I am injured;
- (h) that I have an obligation to myself and to others to act safely and within the rules and regulations of Motorcycling Australia.

### INDEMNITY GIVEN TO ORGANISERS

3. IN CONSIDERATION of the acceptance of me as an official in the meeting I AGREE TO INDEMNIFY the organisers and each of them in the following manner:

- a) that I participate in the meeting at my sole risk and responsibility;
- b) that I accept the venue as it stands with all or any defects hidden or exposed.
- c) that I indemnify and hold harmless the organisers, their respective servants, agents, officials and competitors against any actions or claims which may be made by me or on my behalf for or in respect of or arising out of my death or any injury loss or damage caused to me or my equipment whether caused by negligence, breach of contract or in any other manner whatsoever.

- SCHEDULE 1.
- 1) FEDERATION INTERNATIONALE MOTOCYCLISME (International Controlling Body)
  - 2) MOTORCYCLING AUSTRALIA LTD (National Controlling Body)
  - 3) MOTORCYCLING SOUTH AUSTRALIA INC (State Controlling Body)
  - 4) ..... (Promoter)
  - 5) ..... (Land Owner)
  - 6) ..... (Sponsor)
  - 7) ..... (Landowner)

SCHEDULE 2. .... (Meeting Title)

SCHEDULE 3. .... (Venue)

4. I/WE THE UNDERSIGNED STATE THAT WE HAVE READ THE INDEMNITY AND AGREE TO THE TERMS AND CONDITIONS AS STATED. IF SIGNING AS A GUARDIAN, PLEASE NOTE THIS AGAINST YOUR SIGNATURE.

RESPONSIBLE PERSON: ..... SIGNATURE: ..... DATE: .....

### THIRD PARTY INDEMNITY WHERE OFFICIAL IS UNDER 18 YEARS OF AGE

5. I / WE ..... being the parents or guardians of the person named in Clause 1 (hereinafter called "the entrant") HEREBY ACKNOWLEDGE:

- a) that I/we have read the whole of this document and understand it;
- b) that I/we consent to the entrant participating in the race meeting; AND
- c) that I/we are aware of the risks, dangers and obligations set out in Clause 2 hereof;

6. IN CONSIDERATION of the official being accepted as an official of the PRACTISE I/WE HEREBY INDEMNIFY the organisers in the same manner and to the same effect as if I/WE were the official.

PARENT/GUARDIAN SIGNATURE: ..... DATE: .....



# MOTORCYCLING SOUTH AUSTRALIA



## Officials Sign On Form

I, the undersigned, state that I have read and that I understand the *Indemnity Form* and agree to the terms and conditions as stated.

Date	Name (Please Print)	Signature	MA Licence No	Accred. Level	Expiry Date	Capacity	Time In	Time Out

### Change of Responsible Person (Key) Official

Date	Name	Signature	Time Out	Reason

Date	Name	Signature	Time In	Time Out	Comment

Responsible Person Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MOTORCYCLING SOUTH AUSTRALIA



## Volunteers Sign On Form

I, the undersigned, state that I have read and that I understand the **Indemnity Form** and agree to the terms and conditions as stated.

**This form to be used for Working Bees and for any Non – Competitive Permit where individuals do not hold an MA Officials Licence**

*Please Note: All volunteers/workers MUST complete this form.*

Date	Name	Signature	Capacity

Responsible Person Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_