

RIDER SAFETY PAGE/WAREDACA 2022 CLASSIC 3 DAY EVENT

Bring WITH YOU to the event with ACCURATE INFO FOR THE COMPETITION WEEKEND

and give to CINDY or SUZY UPON ARRIVAL--THANKS

RIDER/PRINT LAST NAME:

FIRST NAME:

CURRENT CELL PHONE OR CONTACT NUMBER FOR YOU THIS WEEKEND:

IDENTIFY THE RESPONSIBLE PERSON (S) WITH YOU DURING THIS WEEKENDS  
COMPETITION:

NAME: CONTACT PHONE NUMBER:

Relationship to you:

NAME: CONTACT PHONE NUMBER:

Relationship to you:

IN ADDITION, WHO IS TO BE CONTACTED OTHERWISE IF YOU ARE SERIOUSLY INJURED:

NAME: CONTACT PHONE NUMBER:

Relationship to you:

NAME: CONTACT PHONE NUMBER:

Relationship to you:

YOUR SIGNATURE:

YOUR HEALTH INSURANCE CARRIER: NAME \_\_\_\_\_

MEMBER NUMBER IF AVAILABLE \_\_\_\_\_

ANY OTHER DETAILS EMS NEEDS TO KNOW ABOUT CARING FOR YOU: