

FOREIGN-BASED RIDER'S CLEARANCE FORM



I / <i>(je)</i>
issued by (délivrée par): Enter name of Licensing Authority
I am not subject to any suspension on this day or medical restriction, am currently free from injury and fit to ride at this time and \Box (*I am) \Box (* I am not) covered by medical insurance. I agree that, should I not be covered by medical insurance, I am responsible for my own medical costs, if injured (however, this does not absolve the racecourse or any other party from liability in the case of an incident). I agree to be bound in all respects by the Rules of this Racing Authority when riding today and I accept that any suspension which may be imposed on me by this Authority may be reciprocated and/or extended by other recognised Racing Authorities under their domestic Rules (including my home Racing Authority) subject to any special conditions required by the principles of procedural fairness in that country.
I confirm that (je confirme que)
□ (*I am) <i>(*je fais)</i>
☐ (I am not) <i>(je ne fais pas)</i>
subject to any future period of suspension (l'objet d'une suspension à venir).
Delete as appropriate (dates correspondantes)
*If subject to future suspension, please give relevant dates below: (*si susceptible de faire l'objet d'une interdiction de monter à venir, merci de préciser les dates)
Signed (signature jockey):
Rider's Name (nom du jockey)
Racecourse (hippodrome):
Racecourse (hippodrome): Country (pays):
Country (pays):
Country (pays): Date:
Country (pays): Date: The Rider (le jockey)
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Country (pays): Date: The Rider (le jockey) who signed this declaration and rode today incurred (qui a signé cette déclaration et qui a monté ce jour (n') encourt) (no suspension) (aucune suspension) (a suspension*) (une suspension)
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