

## CLEARANCE POUR JOCKEYS ÉTRANGERS Exemplaire à joindre au PV de la course

I / (je)
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):
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*) <i>(une suspension)</i>
Delete as appropriate (dates correspondantes)
*If the Rider incurred a suspension, please give date details of the suspension. (* si le jockey encourt une interdiction de monter, merci de préciser les dates)
Did the Rider sustain any injury or was precluded from riding for a medical related reason.  (est-ce que le jockey a été victime d'une blessure ou a été empêché de monter pour raisons médicales.)
YES 🗆 / NO 🗆
If YES, please give details.

Date:

Signed (Official) (Signature du Commissaire ou son délégué) :