



TRAIL RIDING AUSTRALIA

Visitor Details Form plus Waiver Form

CLUB NAME: _____ DATE: _____

Visitor's Name: _____

Address: _____

Suburb: _____ P/C: _____

Phone: _____ Mobile: _____

Email: _____

Adult / Junior: _____ First Ride: _____ Second Ride: _____

List any relevant medical conditions: _____

Emergency Contact Name: _____ Relationship _____

Address : _____

Phone: _____ Mobile: _____

Form to be kept by Club Fee: \$..... Signed.....