

# South Island White Ribbon Riders



Thank you for your interest in joining this year's White Ribbon ride around the South Island. Attached is an information sheet regarding this year's ride outlining the route and the expected costs for the riders.

We would ask that you read it carefully before filling in this form which we would like you to return to the organising team. Please scan or photograph this form and send to [daveellena56@gmail.com](mailto:daveellena56@gmail.com) at least 2 weeks prior to the ride. Bring the original with you and present to the Ride leader prior to setting out.

Name:

Contact Ph. Number

Residential Address

DOB

Motorcycle/Drivers License number

Version

Expiry Date

Motorcycle Make

Model

Size

- My Motorcycle will be checked thoroughly for roadworthiness prior to the ride
- My motorcycle license will be current throughout the duration of the ride
- My Registration is current for the duration of the ride
- My Warrant of Fitness is Current for the duration of the ride
- I have personal liability insurance. Unsure? Please check
- My Motorcycle is insured
- I absolve the ride organisers and the Te Waipounamu Riders Against Domestic Abuse Trust of any liability in the event of personal injury or damage.

**I agree to the following rules to ensure the safety and enjoyment of the White Ribbon ride.**

- I will not wear gang patches, colours or rockers on the ride
- I will not drink alcohol or use other recreational drugs while on the ride
- I will agree to the pledge that 'wearing a white ribbon is a personal pledge never to commit, condone or remain silent about violence towards women'.
- I will follow all instructions of the Ride Organisers, Leader and Road Captain
- I will conduct myself in a manner that brings no discredit to the White Ribbon brand or the Trust.

Signed

Date

**Medical / Next of Kin Registration Form In Case of Emergency (ICE)**

In case of emergency it is essential that you complete this form giving as much information as possible.  
Your assistance in this matter is greatly appreciated.

Your Name

Blood group (if known)

Full name of Next of Kin (NOK)

Full Address of NOK

Telephone number for NOK

Mobile No. for NOK (if different from above)

Secondary Point of Contact contact Name

Secondary Point of Contact Phone No.

**MEDICAL SECTION**

Any known medical conditions. Please record any conditions here giving a brief resume of any treatments required in case of emergency. Can you also record any medications you may be on and dosage. Any undiagnosed hereditary health issues may also be listed here. Please use the reverse side of this form if you need more space

Do you have any medication with you. If so where can it be found

Please seal this form in an envelope and hand it to the Ride Leader at the beginning of the ride. The envelope will only be opened in the case of an emergency and will be returned to you at the conclusion of the ride.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.**