

M5: 01-21

## CONSENT FORM - RIDING WHEN PREGNANT

### PLEASE NOTE

Required to be completed by all riders intending to race or participate in track work during a pregnancy.

This form is to be completed and returned in person to the Chief Stipendiary Steward or by post (marked "Chief Stipendiary Steward - private and confidential") at NZTR, PO Box 38 386, Wellington Mail Centre.

### RIDER DETAILS

Rider's Name:

Date of Birth:

### DECLARATION

YES

NO

I have read the pregnancy guidelines supplied by NZTR and I understand the issues and risks involved\*.

\* if you do not understand the issues and risks involved, please discuss the issues and risks with your doctor prior to signing this form

I understand that I must have a medical certificate, which is valid for the period in which I am riding, in order to race and continue to participate in track work.

I understand that I am required to obtain a further medical certificate in accordance with the NZTR Pregnancy Guidelines if I wish to continue to race and/or participate in track work and my current medical certificate is due to expire or has expired.

I agree to notify NZTR of my pregnancy, and acknowledge and agree that NZTR may inform health and safety officials at the racecourse to ensure that my needs and the unborn child are taken into consideration should any medical emergency occur.

any health professional advises me to stop riding (including prior to the expiry of any then current medical certificate), I agree to notify NZTR, and to have the same health professional inform NZTR.

I declare that the information which I have provided is correct and complete. I give my consent for my medical practitioner to disclose health information, relevant only to my medical certificate for riding while pregnant, to relevant officials and officers of NZTR.

The information collected on this form will only be used for the purposes set out in the NZTR Pregnancy Guidelines. In the collection, use and storage of information, NZTR will at all times comply with the obligations of the Privacy Act 2020 and the [Health Information Privacy Code 1994 right date?](#)

Rider's Signature

Date

### PRIVACY ACT 2020

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. It is being collected for the purpose of processing the matter the subject of this form. You agree that the personal information supplied by you may be retained by NZTR and disclosed to and retained by third parties for the purpose of processing relevant forms, direct marketing or providing you with information on events, products and services. NZTR will not use or disclose your personal information in any way, other than that disclosed in this policy or with your prior consent. If you do not provide the requested information then NZTR may not be able to process the matters the subject of this form. That may result in a breach of the Rules of Racing. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to update or correct that information. You may also request to be removed from the NZTR database for the purpose direct marketing and providing you with information on events, products and services by notifying NZTR by email or by letter to the above address. If you do not wish your information to be retained in our database, or disclosed and retained by third parties for the purpose of providing you with information on events, products and services, then please tick the box below.