



COMPETITOR SELF DISCHARGE FORM for 2018

National Motorsport Federation With International Federation Affiliation

To be completed in Triplicate: CMO/CMC, Competitor, CoC

Completed forms must be submitted to WOMZA along with the completed WOMZA Accident Statistics Form.

COMPETITORS MUST

NOTE: You will not be allowed to claim against WOMZA Medical Insurance policy for any injuries if you have signed this form.

PART 1: To be completed by Competitor

I, _____, Licence number _____

Name & Surname

competing in _____, hereby discharge myself against local medical

Class / Category

advice and understand the possible consequences of such action that have been explained to me by

Name of CMO / CMC

Signed: _____ **Date:** _____ **Time:** _____

PART 2: To be completed by CMO / CMC

I, _____, HPCSA no. _____ MSA Lic. no. _____

Name & Surname

CMO / CMC at _____, hereby confirm that I have explained the possible

Venue

consequences of the Competitor discharging himself/herself against my advice, including but not limited

to being entered on the **injury register** and classified as **not fit to race**.

Signed: _____ **Date:** _____ **Time:** _____