RISK ASSESSMENT FORM - MOTORBIKING / MOTOCROSS / KARTING

Policy ID / Membership Number

Please complete in **BLOCK CAPITALS**. Kindly complete this form and submit to your Health International Agent / Regional Office, thank you. Should you have any queries or require any further information contact us on +263 (0) 86 7700 8964.

Full Name:

Date of Birth: DD / MM / YYYY

Please indicate and answer questions where applicable:

1. Motocross	☐ Yes	☐ No
2. Enduro / Bush or Off-Road Motorbiking	☐ Yes	☐ No
3. BMX	☐ Yes	☐ No
4. Karting	☐ Yes	☐ No
5. Farm Riding (for work or recreation) - No Loading however must helmet to be worn	☐ Yes	☐ No
6. Other:	☐ Yes	☐ No

*** 25% loading is applicable to any / all of the above mentioned on a non accumulative basis.**

Confirm that all relevant safety equipment and precautions are utilised whilst you are participating in the activity indicated (helmet; heavy duty jacket & pants; body protectors, boots; gloves; eye protection etc.) ☐ Yes ☐ No

Frequency of participation (per year): _____

Tracks, Areas and Types of Terrain: _____

Number of Years Experience: _____

Any other Health Insurance or Medical Aid Membership: _____

Applicant Signature _____ Date (DD / MM / YY) _____