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| Form No: | **IMS-F-010** | Version No: | V20190629 |
| Issued: 20111210 | **Reviewed: 20190629** | Authorised By: | Director Communication & Marketing |

**THIS COMPLETED FORM MUST BE RETAINED BY THE CLUB AND PROVIDED TO ATHRA ON REQUEST**

However, it must be retained by the Club, together with the Post Ride Summary, Ride Attendance Register and, if applicable, any Incident Reports and Ride Visitor forms.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Club Name:** | WA Horse Trekkers Club | | | | **Ride/ Event Date:** | |  |
| **Ride Location/ Event Venue:** | | |  | | | | |
| **Nominated Ride Coordinator:** | | |  | | | | |
| **Contact Person:** | |  | | **Contact Numbers:** | |  | |

|  |  |
| --- | --- |
| **🗸** |  |
|  | Sanctioned Ride |
|  | Permission/ Permits received |
|  | Parking area and venue adequate/ safe |
|  | Safety signage |
|  | Risks and hazards identified |
|  | Degree of difficulty determined |
|  | High visibility clothing |

|  |  |
| --- | --- |
| **🗸** |  |
|  | Attendance register complete |
|  | Buddy System |
|  | Contact numbers listed |
|  | Waivers signed |
|  | Effective communications in place |
|  | Back-up crew organized (if required) |
|  | Visitor details recorded |

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|  |  |
| **🗸** |  |
|  | Route: determined/checked/recorded (include break location, water) |
|  | Contingency plans in place for emergency or sudden weather changes |
|  | Emergency Procedures documented (emergency contacts in first aid kit) |

|  |  |  |
| --- | --- | --- |
| **🗸** | Ride Officials | Names |
|  | Accredited Trail Boss |  |
|  | Lead Rider |  |
|  | Drag Rider |  |
|  | First Aid Officer |  |
|  | Additional Steward (ratio to riders) |  |
|  | Additional Steward (ratio to riders) |  |

|  |  |  |
| --- | --- | --- |
| **🗸** | **Pre-Ride details discussed** | **Comments** |
|  | Length of ride |  |
|  | Pace of ride |  |
|  | Terrain |  |
|  | Safety issues (emergency procedure) |  |
|  | Juniors supervised (approved helmets worn) |  |
|  | Gates/ stock/ advice |  |
|  | Medical conditions notified |  |
|  | Equipment reminder |  |
|  | New Riders identified and welcomed |  |
|  |  |  |
| **Signed by Ride/ Event Coordinator/ Trail Boss:** | | |  | |
| **Date Completed:** | | |  | |