



RIDER SELF DISCHARGE FORM

PART 1 (to be completed by the rider)

I, _____ rider n° _____
 in the _____ class, discharge myself against local medical advice
 and understand the possible consequences of such action that have been explained
 to me
 by Dr _____.

I confirm to have agreed pursuant to applicable data protection laws and otherwise that my medical information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by any FIM Medical Director/Officer/Delegate/Representative, CMI Coordinator and Medical Director pursuant to Art. 09.4.3 of the Medical Code.

I am entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about myself in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

Signed: _____ Date: _____ Time _____

PART 2 (To be completed by the Chief Medical Officer - CMO)

I, Dr _____, CMO at
 the _____ circuit, confirm that I have explained the
 possible consequences of the rider discharging himself/herself against my advice. In
 view of the language difficulties, this explanation was given through an interpreter
 (delete as appropriate).

Signed: _____ Date: _____ Time: _____

To: CMO, Rider, FIM Medical Representative