

**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](mailto:gdpr-medical@fim.ch).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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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