

# MOTORSPORT INSURANCE



## LOSS CONTROL MANUAL

**This document is customized to suit CARS sanctioned  
Rallysport events**

1336 Sandhill Drive • Unit 4 • Ancaster, Ontario • L9G 4V5

[www.StoneRidgeSpecialty.ca](http://www.StoneRidgeSpecialty.ca)

# WAIVER AND RELEASE GUIDELINES

*IT IS A REQUIREMENT OF YOUR INSURANCE COVERAGE THAT ALL PERSONS ENTERING A RESTRICTED AREA READ, COMPLETE AND SIGN THE WAIVER AND RELEASE.*

*PLEASE FOLLOW THESE INSTRUCTIONS TO MAINTAIN VALID INSURANCE. THE FAILURE TO IMPLEMENT A WAIVER AND RELEASE SYSTEM WILL NEGATE CERTAIN IMPORTANT INSURANCE COVERAGE.*

FOR EVENTS IN ENGLISH CANADA USE ONLY THE ELECTRONIC WAIVER PROVIDED BY SPEEDWAIVER FOR ENGLISH SPEAKING PARTICIPANTS. FOR THOSE EVENTS WELCOMING FRENCH SPEAKING PARTICIPANTS PLEASE CONTINUE TO USE THE FRENCH WAIVERS FOR THESE PARTICIPANTS AND FOLLOW THE GUIDELINES BELOW.

FOR EVENTS IN QUEBEC, USE ONLY WAIVER AND RELEASE FORMS PROVIDED BY CARS UNTIL FRENCH ELECTRONIC WAIVERS ARE AVAILABLE. FOLLOW THE GUIDELINES BELOW.

1. **USE ONLY WAIVER & RELEASE FORMS PROVIDED BY CARS, LOCATED HERE;**  
<https://carsrally.ca/documents/insurance/> OR <https://carsrally.ca/fr/documents/insurance/>
2. **KEEP THE ENTIRE WAIVER & RELEASE IN VIEW OF SIGNERS.**  
Don't fold forms over the clipboard! This makes it more difficult for entrants to claim they could not read, or were not permitted to read the waiver & release before they sign it.
3. **HANDLE AND FILE ALL WAIVER & RELEASE FORMS WITH CARE.**  
Check to be sure every waiver & release form is signed and dated. Don't fold waiver & release forms when filing. Use a legal-size folder. Don't mark anything on the waiver & release form, make notes on waiver & release forms, or highlight names.
4. **VOLUNTEERS COMPLETING WAIVER & RELEASE**  
Have the volunteer sign and date after each signature on the waiver & release form.
5. **BE SURE THAT AN OFFICIAL CAN EXPLAIN THE WAIVER & RELEASE IN ITS LANGUAGE**  
Suggestion: "This is a waiver & release of liability. It means you are entering a restricted area at your own risk, and accept total responsibility for anything that may happen to you."
6. **REQUIRE ALL PARTICIPANTS TO SIGN THE WAIVER & RELEASE.**  
Never pass clipboards into vehicles to be signed. Never allow any person to sign for others. Make sure everyone signs and prints their full name.  
Includes officials, competitors, service crews, volunteers, workers, media, sponsors.
7. **NEVER ALLOW MINORS TO SIGN THE ADULT WAIVER & RELEASE.**
8. **MAKE SURE YOU KNOW AND FOLLOW PROPER PROCEDURES FOR MINOR & PARENTAL WAIVERS & RELEASES**  
Make sure every minor signs the minor's waiver & release, and makes sure both parents sign the parental waiver & release. THIS MEANS BOTH PARENTS (It is acceptable to have the parental waiver and release signed on an annual basis). If a minor's parents do not live together, or live in different communities, both must still sign the parental release, so youthful entrants may have to go through some trouble to become eligible for competition. Make sure every minor presents proper ID when executing a release – a driver's license, or birth certificate. At every event, make sure every parent who accompanies a minor, signs the adult waiver & release form and make sure that the minor signs his/her minor's waiver and release.
9. **DIGITALLY SIGNED WAIVER & RELEASE FORMS**  
Waiver & Release can be digitally signed and submitted either by email, fax or in person to the organizer.
10. **WAIVER & RELEASE PHYSICALLY SIGNED**  
Waiver & Release forms, if physically signed must be witnessed.
11. **STORAGE OF WAIVER & RELEASE FORMS**  
Waiver & Release forms must be kept for 7 years, if the organizer or club cannot safely store the waiver & release forms then please submit them to the CARS office for storage.
12. **WAIVER & RELEASE FORMS TO BE USED**  
Waiver & release forms marked for use in Quebec only must be used in Quebec and the ones marked for use in the Rest of Canada used elsewhere.

# INCIDENT HANDLING GUIDELINES

When a person at the event goes down with an injury – and whether attention is given by a volunteer, competitor, nurse, EMT or other assigned personnel, both the injured person and the situation need to be evaluated and stabilized, whether it is until the ambulance arrives and takes over, until the person can be taken to the First Aid room for care and observation, or until the person refuses care and/or elects to return to the event without further attention. Regardless of the scenario and which personnel, there are a number of do's and don'ts while attending to the injured person's needs. Among them:

**Don't** accept or even suggest fault for the incident

- Don't** make any promises about anything
- Don't** make payment or say his/her medical bills will be paid
- Don't** give any information about your insurance coverage
- Don't** recommend any medical facility unless told to do so
- Don't** reflect an attitude of boredom, nuisance, or importance
- Don't** argue or patronizingly agree with any disagreeable comments by the injured person
- Don't** leave the person unattended until transferred to health or security personnel in the pre-authorized manner or release at their own request
- Don't** fail to observe and record any significant circumstance
- Don't** hesitate to correct any hazardous situation (e.g., wet spot) as soon as reasonable after attending to the person
- Do** give respect and appropriate attention to the stricken person
- Do** assist within the local system of obtaining and recording the relevant information about the incident on the Report Form being used for this event
- Do** contact the organizer or other designated personnel so that an investigation and warranted controls/remediations can be launched without unnecessary delay
- Do** ask the person what he/she believes happened and record such in his/her own words, if at all possible.
- Do** note in the report, if observable circumstances differ, or reflect in any way on, what the person is claiming
- Do** note in the report if the person is noticeable upset or actually complaining about the cause of his/her accident.
- Do** give respect to any complaint
- Do** report the incident to the Canadian Association of Rallysport - office@carsrally.ca
- In the case of fatality, spectator injury or serious participant injury call Kevin Besta with Stoneridge Specialty at 1-226-318-1744 **AND** Jean-Francois Guite CARS President 1-581-886-4688 and Debbie Dyer at the CARS office 1-855-640-6444 immediately and provide details.

# CARS INCIDENT AND CLAIM FORM

## INFORMATION AND GUIDELINES

Complete all sections in as much detail as possible, attach additional pages if necessary, and attach a copy of the waiver, the observer's report, etc. Please contact Canadian Association of Rallysport if you need further information.

1. Complete an Incident Report for:

### ALL INJURIES AT CARS SANCTIONED EVENT

All injuries, at an event, regardless of where and when it occurs and how serious it is, should be reported to the CARS office. (examples, Bee stings, minor cuts, scrapes, all the way through to the most serious incidents)

### ALL DAMAGES AT CARS SANCTIONED EVENTS

Any physical damage to property

2. Obtain original Waiver & Release forms signed by injured party(ies). Do not send original until directed.
3. For any spectator injury, fatality or serious participant injury, obtain at least two (2) eyewitness reports.
4. Return the completed form along with the following:
  - a) Copy of the completed and signed event waiver & release;
  - b) Copy of the completed and signed parental consent/minor waiver (if applicable);
  - c) Written reports from medical/emergency personnel.

**5. In case of:**

**A FATALITY;  
ANY INJURY TO A SPECTATOR;  
A SERIOUS PARTICIPANT INJURY NO MATTER HOW CAUSED;  
WHEN IN DOUBT, CALL:**

Jean-Francois Guite CARS  
President

1-581-886-4688

StoneRidge Specialty Insurance

Tel.: 1-519-755-8970

AND

Canadian Association of Rallysport

Tel. 1-855-640-6444

*Note: Please report all injuries, suspected injuries or refusals for treatment immediately after the event.*



Canadian Association of Rallysport  
 Box 300  
 Turner Valley, AB, T0L 2A0  
 Phone: 1-855-640-6444  
 Email: office@carsrally.ca  
 Website: www.carsrally.ca

## Rally Incident Report

Organizing Club: \_\_\_\_\_ Insurance Certificate #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Region: \_\_\_\_\_ Location: \_\_\_\_\_

Location of Incident (check one)  Stage  Transit  Service Park  Other

Type of Event (check one)

- Performance/National     Performance/Regional     Rally Testing     Rally Sprint  
 Rally Cross     Navigational Rally     Rally School

### Section 1 Incidents involving competition vehicles (provide separate list if necessary)

Car#	Class:	Make:
Driver Name:		
Address:		
City:	Province:	Postal Code:
Phone (day):	Phone (evening):	
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion
	<input type="checkbox"/> Back	<input type="checkbox"/> Arms
	<input type="checkbox"/> Break	<input type="checkbox"/> Burn
	<input type="checkbox"/> Legs	<input type="checkbox"/> Fatality
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Sent to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)		

Car#	Class:	Make:
Co-Driver Name:		
Address:		
City:	Province:	Postal Code:
Phone (day):	Phone (evening):	
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion
	<input type="checkbox"/> Back	<input type="checkbox"/> Arms
	<input type="checkbox"/> Break	<input type="checkbox"/> Burn
	<input type="checkbox"/> Legs	<input type="checkbox"/> Fatality
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Sent to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)		

### Section 2- Incidents involving (check one, or provide a separate list if necessary)

- Crew     Official     Spectator     Worker     Other

Car#	Class:	Make:
Name:		
Address:		
City:	Province:	Postal Code:
Phone (day):	Phone (evening):	
Treated by event Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No      Returned to Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion
	<input type="checkbox"/> Back	<input type="checkbox"/> Arms
	<input type="checkbox"/> Break	<input type="checkbox"/> Burn
	<input type="checkbox"/> Legs	<input type="checkbox"/> Fatality
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Sent to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)		

Section 3 Property Damage

Owners Name:					
Address:					
City:		Province:		Postal Code:	
Phone (day):		Phone (evening):			
Property Description					
Damage & Description					

Section 4- Description of Incident

- Type of Incident       Vehicle to Vehicle       Vehicle to Object       Vehicle to Person  
 Spin       Roll       Trip/Fall  
Check all that apply     Course worker injury     Mechanical Failure     Pushing/Loading Vehicle  
 Other

Details of Incident (use additional sheet of paper if necessary)

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Course Conditions:	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Muddy
	<input type="checkbox"/> Gravel	<input type="checkbox"/> Ice or Snow	<input type="checkbox"/> Other
Course Situation:	<input type="checkbox"/> Hot Stage	<input type="checkbox"/> Cold Stage	<input type="checkbox"/> Transit
	<input type="checkbox"/> Other		
Emergency Equipment Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No    (if yes check all that apply)		
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Rescue Tools	<input type="checkbox"/> Fire Truck
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Fire Extinguisher

Section 6 Report Submission

Report Submitted by:					
Position at Event:					
Address:					
City:		Province:		Postal Code:	
Phone (day):		Phone (evening):			
Signature:					
Date:	Day:	Month:	Year:		

**In the event of serious injury, Death or Dismemberment to anyone, call  
Jean-Francois Guite 1-581-6886-4688 and  
CARS 1-855-640-6444**

**Email report immediately to CARS [office@carsrally.ca](mailto:office@carsrally.ca)**

**Mail the original of this report with the original waiver, signed by all of the injured parties who were sent to hospital, to the CARS office.**



Canadian Association of Rallysport  
Box 300  
Turner Valley, AB, T0L 2A0  
Téléphone : 1-855-640-6444  
Courriel : office@carsrally.ca  
Site Web : www.carsrally.ca

## Rapport d'incident de rallye

Club organisateur : \_\_\_\_\_ Certificat d'assurance n° : \_\_\_\_\_  
Date de l'incident : \_\_\_\_\_ Heure : \_\_\_\_\_  
Région : \_\_\_\_\_ Endroit : \_\_\_\_\_

Lieu de l'incident (n'en cocher qu'un)  Spéciale  Liaison  Parc d'assistance  
 Ailleurs

Genre d'événement (n'en cocher qu'un)

- Performance/National  Performance/Régional  Essai  Rallye-Sprint  
 Rallye-Cross  Rallye de navigation  École de pilotage

Section 1 Incidents concernant des véhicules de compétition (dresser une liste séparée au besoin)

Voiture #	Classe :		Marque :			
Nom du pilote :						
Adresse :						
Ville :		Province :		Code postal :		
Téléphone (jour):		Téléphone (soir):				
Blessures :	<input type="checkbox"/> Tête	<input type="checkbox"/> Cou	<input type="checkbox"/> Dos	<input type="checkbox"/> Bras	<input type="checkbox"/> Jambes	<input type="checkbox"/> Autres
	<input type="checkbox"/> Lacérations	<input type="checkbox"/> Contusions	<input type="checkbox"/> Fractures	<input type="checkbox"/> Brûlures	<input type="checkbox"/> Décès	<input type="checkbox"/> Autre
Envoyé à l'hôpital ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non (si oui, inclure les documents de congé et de renonciation)					

Voiture #	Classe :		Marque :			
Nom du pilote :						
Adresse :						
Ville :		Province :		Code postal :		
Téléphone (jour):		Téléphone (soir):				
Blessures :	<input type="checkbox"/> Tête	<input type="checkbox"/> Cou	<input type="checkbox"/> Dos	<input type="checkbox"/> Bras	<input type="checkbox"/> Jambes	<input type="checkbox"/> Autres
	<input type="checkbox"/> Lacérations	<input type="checkbox"/> Contusions	<input type="checkbox"/> Fractures	<input type="checkbox"/> Brûlures	<input type="checkbox"/> Décès	<input type="checkbox"/> Autre
Envoyé à l'hôpital ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non (si oui, inclure les documents de congé et de renonciation)					

Section 2- Incidents concernant (n'en cocher qu'un ou dresser une liste séparée au besoin)

- Officiel  Concurrent  Équipe de service  Bénévole  Ouvrier  
 Médias  Parrainer  Spectateur  Autre

Voiture #	Classe :		Marque :			
Nom :						
Adresse :						
Ville :		Province :		Code postal :		
Téléphone (jour):		Téléphone (soir):				
Treated by event Medical?	<input type="checkbox"/> Oui <input type="checkbox"/> Non		Revenu au rallye ? <input type="checkbox"/> Oui <input type="checkbox"/> Non			
Blessures :	<input type="checkbox"/> Tête	<input type="checkbox"/> Cou	<input type="checkbox"/> Dos	<input type="checkbox"/> Bras	<input type="checkbox"/> Jambes	<input type="checkbox"/> Autre
	<input type="checkbox"/> Lacérations	<input type="checkbox"/> Contusions	<input type="checkbox"/> Fractures	<input type="checkbox"/> Brûlures	<input type="checkbox"/> Décès	<input type="checkbox"/> Autre
Envoyé à l'hôpital ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non (si oui, inclure les documents de congé et de renonciation)					

### Section 3 Dommage à la propriété

Nom du propriétaire :			
Adresse :			
Ville :		Province :	Code postal :
Téléphone (jour) :		Téléphone (soir) :	
Description de la propriété			
Dommages & Description			

### Section 4- Description de l'incident

- Véhicule contre véhicule   
 Véhicule contre objet   
 Véhicule contre personne  
 Type d'incident   
 Dérapage   
 Capotage   
 Chute  
 Cocher tout ce qui s'applique   
 Travailleur blessé   
 Bris mécanique   
 En poussant ou chargeant le véhicule  
 Autre

Détails de l'incident (utiliser une autre feuille au besoin)

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État de la route :	<input type="checkbox"/> Sec <input type="checkbox"/> Mouillée <input type="checkbox"/> Boueux <input type="checkbox"/> Gravier <input type="checkbox"/> Neige ou glace <input type="checkbox"/> Autre
Moment du rallye :	<input type="checkbox"/> Spéciale engagée <input type="checkbox"/> Spéciale non engagée <input type="checkbox"/> Liaison <input type="checkbox"/> Autre
Matériel d'urgence utilisé :	<input type="checkbox"/> Oui <input type="checkbox"/> Non    (si oui, cocher tout ce qui s'applique) <input type="checkbox"/> Ambulance <input type="checkbox"/> Outils de sauvetage <input type="checkbox"/> Camion d'incendie <input type="checkbox"/> Hélicoptère <input type="checkbox"/> Remorqueuse <input type="checkbox"/> Extincteur

### Section 6 Remise du rapport

Rapport remis par :			
Poste occupé au rallye :			
Adresse :			
Ville :		Province :	Code postal :
Téléphone (jour) :		Téléphone (soir) :	
Signature :			
Date :	Jour :	Mois :	Année :

**En cas de blessure grave, de décès ou de démembrement à quiconque, appeler le  
 Jean-Francois Guite1-581-886- 4688 et  
 CARS1-855-640-6444.**

**Envoyer immédiatement le rapport par courriel à CARS à office@carsrally.ca**

**Poster au bureau de CARS l'original de ce rapport avec le formulaire de renonciation signé par  
 tous les blessés qui ont été envoyés à l'hôpital**





# Participant Accident Claim Form

In the event of serious injury, death, or dismemberment to anyone call 1-855-640-6444

## Section 1 – General Information

### Incident date:

Type of event:     Rally             Rally Sprint     Rally Cross     Navigational Rally  
 Region:             RPM             RW             RSO             RSQ             ARMS

Report prepared by: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Res Phone: \_\_\_\_\_

Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Location of incident:     Stage/Course     Transit             Service Park     Other

Spectator area

What happened: \_\_\_\_\_

## Section 2 – Personal Information

Name:			Address:		
City:			Province:		
Postal Code:			Res Phone:		
Email:			Bus Phone:		
Status of injured:	<input type="checkbox"/> Driver	<input type="checkbox"/> Co-Driver	<input type="checkbox"/> Crew	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Official	<input type="checkbox"/> Spectator			
Is injured party a minor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, specify age:		
Is injured an affiliate of CARS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Credential issued by:	<input type="checkbox"/> CARS	<input type="checkbox"/> Region	<input type="checkbox"/> Club	<input type="checkbox"/> FIA	<input type="checkbox"/> Other
Nature of injuries:					
Treatment beyond first aid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Name of other Health Carrier:			Name of Doctor:		
Name of Hospital:			Phone:		

Address:

City:

Prov:

Postal Code:

Is claimant likely to miss work for more than one year?             Yes             No

Is claimant likely to miss work for more than 8 days?             Yes             No

Benefits Requested	<input type="checkbox"/> Accidental Death and Dismemberment	<input type="checkbox"/> Excess Medical	<input type="checkbox"/> Weekly Indemnity
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## Participant Accident Claim Form

In the event of serious injury, death, or  
dismemberment to anyone call 1-855-640-6444

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### Section 3 - Property Damage

Name of property Owner:

Address:

City:

Bus Phone:

Prov:

Res Phone:

Postal Code:

Email:

### Property Description:

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### Describe Damage:

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Estimated Amount of Damage: \_\_\_\_\_



# Formulaire de réclamation d'accident du participant

En cas de blessure grave, de décès ou de  
démembrement à quiconque, appeler le 1-855-640-6444.

## Section 1 – Informations générales

### Date de l'incident :

Genre de rallye :  Rallye  Rallye-sprint  Rallye-cross  Rallye de navigation

Région :  RPM  RW  RSO  RSQ  ARMS

Rapport préparé par : \_\_\_\_\_ Tél. cellulaire : \_\_\_\_\_

Courriel : \_\_\_\_\_ Tél. Maison : \_\_\_\_\_

Nom de l'événement : \_\_\_\_\_

Lieu de l'événement : \_\_\_\_\_

Lieu de l'incident :  Spéciale  Liaison  Parc d'assistance  Autre

Aire de spectateur

Ce qui est arrivé : \_\_\_\_\_

## Section 2 – Renseignements personnels

Nom :		Adresse :			
Ville :		Province :			
Code postal :		Tél. maison :			
Courriel :		Tél. travail :			
Condition du blessé :	<input type="checkbox"/> Pilote	<input type="checkbox"/> Copilote	<input type="checkbox"/> Équipe de service	<input type="checkbox"/> Travailleur	
	<input type="checkbox"/> Officiel	<input type="checkbox"/> Spectateur			
Le blessé est-il mineur ?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non	<input type="checkbox"/> Si oui, précisez son âge :		
Le blessé est-il affilié à CARS ?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non			
Accréditation émise par :	<input type="checkbox"/> CARS	<input type="checkbox"/> Région	<input type="checkbox"/> Club	<input type="checkbox"/> FIA	<input type="checkbox"/> Autre
Nature des blessures :					
Traitements autres que premiers soins :	<input type="checkbox"/> Oui	<input type="checkbox"/> Non			
Nom de l'assureur privé :			Nom du médecin :		
Nom de l'hôpital :			Téléphone:		

Adresse : \_\_\_\_\_

Ville : \_\_\_\_\_ Prov. : \_\_\_\_\_ Code postal : \_\_\_\_\_

Le demandeur sera-t-il absent du travail pour plus d'un an ?  Oui  Non

Le demandeur sera-t-il absent du travail pour plus de huit jours ?  Oui  Non

Avantages demandés	<input type="checkbox"/> Mort accidentelle et démembrement	<input type="checkbox"/> Soins excédentaires	<input type="checkbox"/> Indemnité hebdomadaire
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## Formulaire de réclamation d'accident du participant

En cas de blessure grave, de décès ou de  
démembrement à quiconque, appeler le 1-855-640-6444.

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### Section 3 – Dommages à la propriété

Nom du propriétaire :

Adresse :

Ville :

Prov. :

Code postal :

Téléphone travail :

Téléphone maison :

Courriel :

#### Description de la propriété :

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#### Description des dommages :

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Estimer le montant des dommages : \_\_\_\_\_