

**MGCC (SW CENTRE) KIMBER CAR TRIAL OCT 15th 2017
ENTRY FORM**

FULL NAME OF DRIVER

.....

ADDRESS.....

.....

TEL No..... Email address (print clearly)

CLUB and MEMBERSHIP No NOVICE YES/NO*

FULL NAME OF ENTRANT (If different from driver).....

ADDRESS.....

..... TEL No

MAKE AND MODEL OF CAR

CLASS.....

IS A LIMITED SLIP OR LOCKED DIFFERENTIAL FITTED YES/NO* * Delete as applicable.

INDEMNIFICATION

13.1 I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit and competent to take part in the event. I understand that motor sport is dangerous and accidents causing death or injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks.

In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupier, the promoters and their respective officers, servants, representatives and agents (the 'Parties') shall have any liability or loss for damage which may be sustained or incurred by me as a result of participation in the Event. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in the Event.

I declare that to the best of my belief the driver(s) possess(s) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

13.1.1 My age is.....(If applicable state 'over 18 years')

13.1.1.(c) If I am the Parent or Guardian of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

As the Parent/Guardian I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charge and fees pursuant of those Regulations (to include any appendices thereto) and hereby agree to be bound to those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3 Appendix 1.

NOTE: Where the Parent is not present there must be a Guardian who must produce a written and signed authorisation to so act from the Parent/Guardian to act as their representative.

Drivers Signature..... **Entrants Signature**.....

Date **Date**

PTO

If entrant and/or driver is under 18 years of age this form must be countersigned (below) by the appropriate Parent /Guardian/Representative. This entry is made with my consent.

Parent/Guardian/Representative * of Driver/Entrant (*Delete as appropriate)

Full Name.....Relationship to Driver/Entrant.....

Address.....

.....

Post Code..... Tel No.....

13.1.4 I have read and fully understood the Procedure for the Control of Drugs and Alcohol as contained in the Competitors and Officials Yearbook Regulations H39 : D35.1 : G15. 1.4 And have also fully familiarised myself with the information on the web sites (www.ukad.co.uk and www. Wada-ama.org) in particular the UK Anti-Doping rules which have been adopted by the MSA (as amended). Further, if I am counter signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

13.1.5 I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

NOTE

In the event of accident or serious injury or please notify: -

Name

Address.....

.....

.....

Post Code.....

Tel No:.....

Email.....

NOTE: If in doubt give further contact details