



Torbay Motor Club Autocross
22nd & 23rd April 2017
Official Entry Form

Held under the General Regulations of The Motor Sports Association Ltd (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

PLEASE COMPLETE ALL DETAILS BELOW: (block capitals please)

Driver _____ MSA COMP LICENCE No _____

Driver's Address _____

_____ Post Code _____

E-Mail _____

Daytime Tel No. _____ Evening Tel No. _____

I am a member of _____ Club

Class entered _____ Preferred Car Number _____

Vehicle Make _____ Model _____ cc _____

Reis Southern Counties Championship: Yes/No*

Will the car be double driven Yes/No * Delete as necessary

If Yes Name of other Driver: _____

Note: Second Driver must submit a separate entry form. You should photocopy this form.

Name, address and telephone number of person to be contacted in the event of an accident:

Name _____

Address _____

Tel No. _____

My age is _____ (if not applicable state "over 17 years").

Signature of entrant _____

Any indemnity and /or declaration which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian whose full name and address shall be given.

Signature of parent/guardian _____

Address _____

Please enclose your cheque for £120 per entry, made payable to: Torbay Motor Club Ltd

DECLARATION OF INDEMNITY

I declare that:

- 1) I have been given an 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 motorsport is dangerous and accidents causing death, 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.
- 2) To the best of my belief the driver(s) possess(es) 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.
- 3) The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.
- 4) I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.
- 5) Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given.
- 6) If I am the Parent/Guardian/Guarantor 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/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by 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/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

- 7) I hereby agree to abide by the MSA Child Safeguarding Policy and Guidelines and the National Sporting Code of Conduct.
- 8) I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period. (H10.1.6)
- 9) I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the MSA Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti-Doping Rules which have been adopted by the MSA. 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 (Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

Indemnity: 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 land owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in this 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 this event.

Entrant: **Date:**

Driver: **Date:**

If the Entrant or Driver is under the age of 18 years, please state your age. This form **MUST** also be countersigned by either a Parent or Guardian, whose full names and address must be given below:

Guardian: **Date:**

Relationship to Entrant/Driver:.....

Full Name:

Address:

.....

Post Code: Contact telephone number

