



North Devon Motor Club

Summer Autocross

13 /14 May 2017

Please complete all details below in block capitals

DriverMSA Comp. Licence No:

Entrant Name (if other than driver):Age: (if under 18)

Entrant MSA Licence No:

Driver's Address:

.....

.....Post Code:

Email Address:

Daytime Tel No: Evening Tel No:

Motor Club(s):

Class Entered:Preferred Car No:

Make of Car:Model: CC:

REIS Southern Counties Championship? Yes/No Championship No:

Will the car be double driven? Yes/No

If double driven, name of second driver:

If double driven two separate entry forms must be submitted. You can photocopy this form.

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

Name: Address:

.....

.....Post Code:

Tel Home: Tel Mobile:

Please enclose your cheque for £120.00 (£40 Juniors) made payable to: North Devon Motor Club and return to: Bev Down, 24 Elizabeth Drive, Barnstaple EX31 3AJ.

Email: bev24kev@gmail.com Tel: 01271 346991

A declaration of indemnity (overleaf) MUST be included.

OFFICIAL USE

Date Received:Number: Fee Received:

Payment by Cheque:Name on Cheque:

Undertaking, Declaration and Indemnity by entrants, drivers and passengers.

Every entrant, driver and passenger before taking part in any competition must sign an undertaking, declaration and indemnity as follows:

I declare that I have been given the opportunity to read the general regulations of the MotorSports 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.

In consideration of the acceptance of this entry I agree that neither anyone of or any combination of the MSA and its associated clubs, the organisers, the track 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 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 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.

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/Guarantor I confirm that I have acquainted myself, and the minor, with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to these 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.

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 any normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has following such declaration, issued a license which permits me to do so. I have read and fully understood Procedure Control of Drugs, Alcohol as contained in the Competitors and Officials year book regulations H39,D35.1,G15.1.4 and have also fully familiarised myself with the information on the websites 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 (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 tested.

I hereby agree to abide by the MSA Child Safeguarding Policy and guidelines and the National Sporting Code of Conduct.

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

Entrant:..... Date:.....

Driver: Date:

If the Entrant or Driver is under the age of 18 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:.....