Date rec'd. Fee Paid Insurance. REIS/Own Class. Comp No.

Queries:

CAMEL VALE MOTOR CLUB - ENTRY FORM CAMEL CLASSIC TRIAL - SUNDAY 3rd DECEMBER 2017

ENTRIES CLOSE ON FRIDAY 24TH NOV 2017

DRIVER/RIDI	ER FULL NAME	CLUB
ADDRESS		
		POSTCODE
E-MAIL		PHONE
ENTERING FO	OR (<u>delete as applicable</u>)	
NATIONAL B	(Cars: ACTC member + MSA Comp. Lic) /CLUBM	IANS (Cars: members of invited Clubs) /ACU (all M'Cycles)
	•	ISA Comp.Licence should run under the Clubmans
MSA LICENCE	E No (National B Cars only) :	ACU No (M'cycles only):
<u>PASSENGER</u>		
<u>VEHICLE</u>	MAKE & MODEL	REG. No
ENGINE SIZE.	cc FORCED INDUCTION? (y.	/n)CLASSCOLOUR
IS A LSD, TOR	QUE BIASING OR ANY OTHER TRACTION CON	TROL DEVICE FITTED? (CARS ONLY)
MAKE & SIZE	OF TYRES.FRONT	REAR
WITH ALL POI	N INSURANCE, NAME & ADDRESS OF INSURER	TARY REGULATIONS) YES / NO
	HIP REGISTRATION: ACTC No	
FEES PAYABI	L <u>E</u>	
ENTRY FEE		£33.5
RD DT 4.2 DADTS	Z INICHD ANIZE	£15.50
	YABLE TO CAMEL VALE MOTOR CLUB LTD.	TOTAL
DO YOU REQ	UIRE PARKING FOR TRAILER?	
ARE YOU LIK	KELY TO HAVE BREAKFAST AT START?	(for Catering estimate only)

CAR COMPETITORS ONLY COMPLETE THIS PAGE – MOTORCYCLE COMPETITORS COMPLETE THE NEXT PAGE

INDEMNITY STATEMENT

I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association and / or the Standing Regulations and National Sporting Code of the Auto Cycle Union. In consideration of this or of me being permitted to take part in this event, I agree to save harmless and keep indemnified the RACMSA Ltd, the ACU, the promoting persons or bodies who may be authorised by MSA or ACU to promote or organise the event and their respective officials, servants, representatives or agents from and against all actions, claims, costs, expenses and demands in respect of death or injury to myself, however caused, arising out of or in connection with my entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.

Furthermore, in respect of any parts of this event on ground where Third Party insurance is not required by law, this agreement shall, in addition to the parties named above, extend to all and any other competitors and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss or damage to the person or property by myself, my driver(s), passengers(s) or mechanic(s).

I declare that I have attained the age and possess the required license to drive/ride my motor vehicle on the public highway.

I declare that whilst taking part in this event I understand the associated risks and have an operative insurance policy covering me in respect of Road Traffic Act liabilities and that this is valid for those parts of the event which shall take place on public roads.

Further and additionally, I acknowledge that it will be my sole responsibility to ensure that my vehicle complies in every respect with the Road Traffic Acts 1972 and 1974 and the Motor Vehicle (Construction and Use) Regulations 1987.

DATE					
DATE					
ollowing must be signed by the parent or					
Age of competitor					
Date					
Post Code					
Telephone No					
Telephone No					

FINAL INSTRUCTIONS AND RESULTS WILL BE SENT BY EMAIL.

IF YOU DO NOT HAVE EMAIL THEN PLEASE ENCLOSE 2 x C5 (9" x 6") S AE's

PLEASE RETURN THIS FORM AND FEES BY FRIDAY 24TH NOVEMBER 2017 TO:-

IAN CUNDY, 111 STATION ROAD, ST BLAZEY, PAR, CORNWALL, PL24 2LZ TEL. 01726 814393 / 07917 776395 / 07475 109745

CHEQUES PAYABLE TO "CAMEL VALE MOTOR CLUB LTD"

MOTORCYCLE COMPETITORS ONLY COMPLETE THIS PAGE – CAR COMPETITORS PLEASE COMPLETE PREVIOUS PAGE

This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook

ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof: -

- . I declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- . I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.

 I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.
- . I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- . I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.
- . I consent to the collection and retention of my personal information by the ACU.
- . I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- . I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- . I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I been excluded from any ACU competition.

ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity. I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session/Race, Trials or Enduro. Participant's signature: Please tick box if you are 18 years of age and over Please tick box if you are 18 years of age and over

FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION OF PARENT, PERSON WITH PARENTAL RESPONSIBILITY:

...... the parent/person with parental responsibility of the above named participant, hereinafter referred to as 'my child', accept that my child may participate in the aforementioned meeting. I declare as follows: - I have read and understood the "Acknowledgement of the risks of motorsport" which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement. The child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate either as a Competitor or for Practice. I accept that it is my responsibility to ensure that the child and I have had the opportunity to read and understand the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations and Final Instructions subsequently issued and this Entry Form and that he/she will comply with them. I accept that photographs or video films may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications.

Signature of Passenge	r's Parent, Perso	n with Par	ental Resp	onsibili	tx:	 	 		Date:	
Full Name & Address						 	 voUe	 		
						 		 	1. 1	 of site.

Date:

Extract from NSC Article 7.14: A parent or legal quardian of a rider or passenger participating in a competition requiring consent is deemed to bear mutual responsibility with that competitor.

Person(s) to inform in the case of an emergency:

Signature of Rider's Parent, Person with Parental Responsibility:.....

(COMPLETE IN BLOCK CAPITALS PLEASE) I

Full Name & Address

(Your entry may not be processed without this information)

For Driver:	Name	Telephone No					
For Passenger(s):	Name	Telephone No					

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