

For official use

Date rec'd.

Fee Paid

Class.

Comp No.

Queries:

**CAMEL VALE MOTOR CLUB - ENTRY FORM
PRESIDENTS TRIAL - SUNDAY 29TH APRIL 2018**

ENTRIES CLOSE ON SUNDAY 22ND APRIL 2018

DRIVER

FULL NAME.....CLUB.....

ADDRESS.....

.....POSTCODE.....

E-MAIL.....

PHONE.....

NOVICE (Y/N)

PASSENGER

FULL NAME.....

ADDRESS.....

.....POSTCODE.....

VEHICLE

MAKE & MODEL..... REG. No.....

ENGINE SIZE.....cc FORCED INDUCTION? (y/n)

CLASS..... COLOUR.....

IS A LSD, TORQUE BIASING OR ANY OTHER TRACTION CONTROL DEVICE FITTED?.....

MAKE & SIZE OF TYRES.

FRONT.....

REAR.....

CHAMPIONSHIP REGISTRATION: ASWMC No.....

ENTRY FEE £30.00

Please make cheques payable to Camel Vale Motor Club Ltd

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 to take part in the event and I am competent to do so.

I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. I understand that motor sport can be 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 including not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. 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.

'I declare that 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.'

I declare that the use of the vehicle hereby entered will be 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.

Driver's Signature..... State your age if under 18

Passenger's Signature..... State your age if under 18

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 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.

Full Name of Parent/Guardian.....

Address.....

.....

Tel Number..... Relationship.....

Signature..... Date.....

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. A Parental Consent Authorisation form can be obtained from the Event Secretary.

Person(s) to inform in the case of an emergency :-
(Your entry may not be processed without this information)

For Driver: Name.....Telephone No.....

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

RESULTS WILL BE SENT BY EMAIL.

IF YOU DO NOT HAVE EMAIL THEN PLEASE ENCLOSE A5 SIZED SAE FOR RESULTS

PLEASE RETURN THIS FORM AND FEES BY SUNDAY 22ND APRIL 2018 TO:-

**JAMES SHALLCROSS
AUTUMN HAZE
CALSTOCK ROAD
GUNNISLAKE
CORNWALL
PL18 9BT**

TEL. 07973 724687

CHEQUES PAYABLE TO "CAMEL VALE MOTOR CLUB LTD"