Fee Paid

Class.

Comp No.

Queries:

# CAMEL VALE MOTOR CLUB - ENTRY FORM CAMEL HEIGHTS TRIAL - SUNDAY 3<sup>rd</sup> MARCH 2019

# **ENTRIES CLOSE ON SATURDAY 23rd FEB 2019**

DRIVER/RIDE	ER FULL NAME	CLUB
ADDRESS		
		POSTCODE
E-MAIL		PHONE
NOVICE?	·······	
ENTERING FO	OR ( <u>delete as applicable</u> )	
CLUBMANS (C	(Cars: members of invited Clubs) /ACU (all M'Cycles)	
ACU No (M'cyc	vcles only):	
<u>PASSENGER</u>	FULL NAMEADDRESS	
<u>VEHICLE</u>	MAKE & MODEL	REG. No
ENGINE SIZE	cc FORCED INDUCTION? (y/n)	CLASSCOLOUR
IS A LSD, TC	ORQUE BIASING OR ANY OTHER TRACTION CONTRO	OL DEVICE FITTED? (CARS ONLY)
MAKE &	SIZE OF TYRES.FRONT	REAR
CHAMPIONSI	HIP REGISTRATION: ASWMC No	
FEES PAYABI ENTRY FEE - £		

CHEQUES PAYABLE TO CAMEL VALE MOTOR CLUB LTD.

## **CAR COMPETITORS ONLY**

#### **DECLARATION OF INDEMNITY - 2019**

I declare that I have been given the opportunity to read the General Regulations of the Motorsport UK 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 Motorsport UK 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 in 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.

You agree that we may publish your personal data as part of the final instructions, results of the event we may also pass such information to the Motorsport UK or any affiliated organisation for the purpose of insurance, safety, licences, results (but are not limited to) name, club affiliation, competition times, occupation and age category

•	, , ,		
Please tick this box to a	gree		
Driver's Signature			State your age if under 18
Passenger's Signat	ure		State your age if under 18
being carried out un Motorsports UK. Th General Regulations appendices thereto) consequences resu	Guardian of the driver: 'I understander the Supplementary Regulations the Parent/Guardian: I confirm that I has, agree to pay any appropriate chard and hereby agree to be bound by the liting from those Regulations (and and any fines imposed upon me up to the	issued for this event and the lave acquainted myself and ges and fees pursuant to tho lose Regulations and submi y subsequent alteration ther	e General Regulations of the the minor with the Motorsports UK ose Regulations (to include any t myself without reserve to the eof). Further, I agree to pay as
Full Name of Parent/Guardian			
Address			
Tel Number			
Relationship	Signature	Date	
	rent is not present there must be a g n to act as their representative	juardian who must produce a	a written and signed authorisation from
	m in the case of an emergency :- ot be processed without this infor	mation)	
For Driver:	Name	Telephone No	
For Passenger(s):	Name	Telephone No	
FINAL INSTRUCTION	ONS AND RESULTS WILL BE SEN	IT BY EMAIL.	
IF YOU DO NOT	HAVE EMAIL THEN PLEASE E	NCLOSE 2 x C5 (9" x 6"	S AE's
PLEASE RETURN	THIS FORM AND FEES BY SATUR	RDAY 23 <sup>rd</sup> FEBRUARY 20 <sup>rd</sup>	19 TO:-

CHEQUES PAYABLE TO "CAMEL VALE MOTOR CLUB LTD"

CHLOE KEAT, BODREATH, NANSTALLON, BODMIN, CORNWALL, PL30 5JZ. EMAIL: <u>ALKEAT724@GMAIL.COM</u>. TEL – 01208 831420, 07774 749111.

### 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.

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ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPO permanently disabled or suffering some other serious injury and I acknow circuit owner, the promoter, the organising dub, the venue owner, or any in may suffer, the dominant cause of any serious injury will always be my voluing I have read the above and acknowledge that my participation in my by "signing on" at the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Company of the designated place before taking part in any Potential Com	rledge that even in the event that negligence on the idividual carrying out duties on their behalf were to be ntary decision to take part in a high risk activity. otorsport is entirely at my own risk. I agree the	ne part of the ACU, any event organiser, any be a contributory cause of any serious injury I
Participant's signature:	Please tick box if you are 18 years of age and over	r 🔲
Passenger's signature:	Please tick box if you are 18 years of age and over	
FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION	ON OF PARENT, PERSON WITH PARE	NTAL RESPONSIBILITY:
(COMPLETE IN BLOCK CAPITALS PLEASE) I participant, hereinafter referred to as 'my child', accept that my child may pa I declare as follows: - I have read and understood the "Acknowledgement which include the risk of death or permanent disablement. The child does to participate either as a Competitor or for Practice. I accept that it is my relational Sporting Code of the ACU, Standing Regulations, Supplementary I comply with them. I accept that photographs or video films may be taken of be taken for promotional purposes and may appear on the ACU website or in	articipate in the aforementioned meeting. of the risks of motorsport" which appears above. I a not suffer from any physical, medical or mental disa responsibility to ensure that the child and I have hac Regulations and Final Instructions subsequently issu of my child by officials dealing with safety issues or a	appreciate the dangers inherent in motorsport bility which would make it unsafe for him/her d the opportunity to read and understand the ued and this Entry Form and that he/she will
Signature of Rider's Parent, Person with Parental Responsibility		Date:
Full Name & Address		
Signature of Passenger's Parent, Person with Parental Responsibility		Date:
Full Name & Address		
Extract from NSC Article 7.14: A parent or legal guardian of a rider or p with that competitor.	assenger participating in a competition requiring con	sent is deemed to bear mutual responsibility
erson(s) to inform in the case of an emergency		
Your entry may not be processed without this i	information)	

For Driver:	Name	Telephone No
		•
For Passenger(s):	Name	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 SATURDAY 23rd FEBRUARY 2019 TO:-

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