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

Queries: A B C

## CAMEL VALE MOTOR CLUB - ENTRY FORM CAMEL CLASSIC TRIAL - SUNDAY 4th DECEMBER 2022 ENTRIES CLOSE ON FRIDAY 25th NOV 2022

<b>DRIVER/RIDER</b> FULL NAME	CLUB		
ADDRESS			
	POSTCO	DE	
E-MAIL	PHONE		
ENTERING (delete as applicable) CAR / MOTORCYCLE	Novice – Yes or No		
INTERCLUB (Cars: ACTC member+ MSUK Comp. Lie	e)		
CLUBMANS (Cars: members of invited Clubs) MSUK Comp. Lic Car competitors who don't have ACTC Membership and MSUKComp.Lice		ans Permit.	
ACU (all M'Cycles) ACU Comp. Lic			
PASSENGER FULL NAME ADDRESS			
MotorsportUK Licence No:			
VEHICLE MAKE & MODEL	REG	. No	
ENGINE SIZEcc FORCED INDUCTION? YES	/ NOCLASS	COLOUR	
CARS ONLY IS A LSD, TORQUE BIASING OR ANY OTHER T	RACTION CONTROL DEVIC	E FITTED?	
MAKE & SIZE OF TYRES.FRONT	REAR		
INSURANCE IF YOU REQUIRE MOTOR SPORTS CLUB SCHEME THIRD PAR WITH ALL POINTS OF THE DECLARATION (SEE SUPPLEMENT IF USING OWN INSURANCE, NAME & ADDRESS OF INSURERS  NOTE - OWN INSURANCE MUST PROVIDE RTA COVER WHILE	FARY REGULATIONS)	YES / NO	
CHAMPIONSHIP REGISTRATION: ACTC No	ASWMC No		
FEES PAYABLE ENTRY FEE	Bank Transfer £38.00	Cheque £39.00	
RTA 3 <sup>RD</sup> PARTY INSURANCE CHEQUES PAYABLE TO <b>CAMEL VALE MOTOR CLUB LTD.</b>	£16.50	£16.50	
BANK TRANSFER Account Camel Vale Motor Club Ltd Sort code 30 98 98 Account No 38422460			
DO YOU REQUIRE PARKING FOR TRAILER? RE YOU LIKELY TO HAVE BREAKFAST AT START?	(for Catering	estimate only)	

## CAR COMPETITORS ONLY

<u>DECLARATION OF INDEMNITY</u> - 2022 '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 motorsport 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 any one of or any combination of 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 but 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'.

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 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 agree	
Driver's Signature		State your age if under 18
If I am the Parent or Gua under the Supplementar confirm that I have acqui and fees pursuant to tho submit myself without re agree to pay as liquidate Full Name of	ry Regulations issued for this event and uainted myself and the minor with Motors ose Regulations (to include any appendic eserve to the consequences resulting fro ed damages any fines imposed upon me	State your age if under 18
Address		
Tel Number		
Relationship	Signature	Date
	arent is not present there must be a go o act as their representative	uardian who must produce a written and signed authorisation from the
	rm in the case of an emergency :- oot be processed without this inform	nation)
For Driver:	Name	Telephone No
House Number/Nan	mePostcode	
For Passenger(s):	Name	Telephone No
House Number/Nan	mePostcode	

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 25th NOVEMBER 2022 TO:-

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

## MOTORCYCLE COMPETITORS ONLY

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 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 or 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.

These items include but are not restricted to (safety clothing, I accept responsibility for any items borrowed from the Organiser duting 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 dub, 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 Passenger's signature: ..... FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION OF PARENT, PERSON WITH PARENTAL RESPONSIBILITY: (COMPLETE IN BLOCK CAPITALS PLEASE) I... .... 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 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 Rider's Parent, Person with Parental Responsibility:..... Date: Signature of Passenger's Parent, Person with Parental Responsibility: .... Extract from NSC Article 7.14: A parent or legal guardian 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: (Your entry may not be processed without this information) House Number/Name.....Postcode..... For Passenger: Name...... Tel no...... House Number/Name.....Postcode.... FINAL INSTRUCTIONS AND RESULTS WILL BE SENT BY EMAIL.

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

SAE's

PLEASE RETURN THIS FORM AND FEES BY FRIDAY 25th NOVEMBER 2022

IAN CUNDY, 111 STATION ROAD, ST BLAZEY, PAR, CORNWALL, PL24 2LZ TEL, 07475 109745