

INDEMNIFICATION / DECLARATION

PLEASE READ, COMPLETE AND SIGN THE FOLLOWING:-

I declare that:

1. 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. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.
2. 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.
3. I understand that should I at any time of this event be suffering from any disability, whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part until I have declared such disability to the ASN, which has, following such declaration, issued a licence which permits me to do so.
4. If I am the Parent/Guardian/Guarantor 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 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 Section Z.

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

My age is (if applicable state "over 17 years")

ENTRANTS SIGNATURE AGE (IF UNDER 18)

DRIVERS SIGNATURE AGE (IF UNDER 18) ...

DATE

IF AN ENTRANT OR DRIVER IS UNDER 18 YEARS OF AGE, THIS DECLARATION MUST BE COUNTERSIGNED BY THE APPROPRIATE PARENT OR GUARDIAN

This entry is made with my consent:

FULL NAME

ADDRESS

TEL. NUMBER RELATIONSHIP

SIGNATURE DATE

COMPETITION NUMBER

NORTH DEVON MOTOR CLUB

Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

CHIVENOR SPRINT

SUNDAY 20 SEPT 2009

ENTRY FORM

Please ensure you complete all aspects of pages 2 to 4 before forwarding this form with remittance to:

Mrs Jill Hayward
Chandos, 20 Hillcrest Road, Newport, Barnstaple EX32 9EP

CHIVENOR SPRINT – 20 Sept 2009

Data Protection. North Devon Motor Club is registered with the Data Protection Act 1998. Any personal information submitted on this form will be controlled in accordance with the Act. **Please complete both sides of this form and send to the address shown on first page**

| | |
|---|------------------------------|
| Details of DRIVER | |
| NAME | AGE (if under .18) |
| ADDRESS | |
| POST CODE | TEL.NO. |
| COMP LICENCE TYPE: | COMP.LICENCE NO: |
| Important : If you prefer to receive Final Instructions and Results by EMAIL (in PDF format only) please write your email address clearly in the box below: | |
| EMAIL: | |
| Details of CONTACT RELATIVE or FRIEND (in event of serious accident) | |
| NAME | RELATIONSHIP |
| ADDRESS | |
| MOBILE TEL.NO. | TEL.NO. |
| Details of ENTRANT or PRINCIPAL SPONSOR (an Entrant must be MSA licenced) | |
| NAME | AGE (if under .18) |
| ADDRESS | |
| POST CODE | MSA LICENCE NO : |
| ELIGIBILITY | |
| I am a member of ...(insert club) ... | |
| I hold a valid RTA Licence | (delete) YES / NO |
| DOUBLE DRIVEN CARS ONLY: | |
| If THIS entry relates to the driver to run SECOND, tick box <input type="checkbox"/> | |
| Give NAME of OTHER driver (a separate entry form must be submitted for each driver) | |

CLASSES & CHAMPIONSHIPS

All drivers MUST complete Section ①.
Those drivers who are contenders in the championships listed in Section ② must also complete the relevant parts of Sections ② and ③.

| | | |
|---|---|--|
| ① ACCORDING TO SR.6 MY CAR IS IN CLASS ... | | |
| ② CHAMPIONSHIPS (tick box) | ASWMC Championship <input type="checkbox"/> | Torbay Speed Championship <input type="checkbox"/> |
| | ③ CLASS IN CHAMPIONSHIP IN ② ABOVE | |

VEHICLE DETAILS

| | | |
|--|------------------|--|
| MAKE & MODEL | | |
| REG. NO. | ENGINE CC | |
| Is the vehicle Road-going (taxed & Insured) ? | YES / NO | |
| Is the vehicle fitted with a Turbo ? | YES / NO | |
| Is the vehicle fitted with a Supercharger ? | YES / NO | |
| Type of fuel used ? Petrol/Diesel/Methanol/Other (specify) | | |

PAYMENT

| | | |
|--|---------|----------------|
| For Membership details see separate Application Form | | |
| ENTRY FEE | £ 80.00 | £ 95.00 (LATE) |
| Voluntary donation to Forget Me Not Project | | £ |
| NDMC President's Appeal 2009 is in aid of the Forget Me Not Project. Please help us to help them continue this vital service to the community. | | |
| PLEASE MAKE CHEQUES PAYABLE TO NORTH DEVON MOTOR CLUB | | |

Official use only

| | | | |
|----------------|---------------|---------------|------------|
| Cheque Amount | Cheque Date | Date Received | *A* Driver |
| Cheque No. | Bank A/C Name | Accept/Reject | Comp. No |
| Results System | | | |