

Plymouth Motor Club
Werrington Park Hillclimb
Entry Form for Sunday 5th May 2019

| | | | |
|--|--|------------------------------|--------|
| Details of DRIVER | | | |
| NAME | | AGE (if under 18 or over 60) | |
| ADDRESS | | | |
| POST CODE | | TEL.NO: | |
| MSA LICENCE TYPE | | MSA LICENCE NO | |
| E-MAIL ADDRESS | | | |
| Are you under 26? (Drivers under 26 are eligible for the Terry Thorne Memorial Trophy) | | | YES/NO |

| | | | |
|---|--|--------------|--|
| 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 or over 60) | |
| ADDRESS | | | |
| POST CODE | | Motorsport UK LICENCE NO: | |

| | | | |
|-----------------------------------|--|--------------------------------|--------|
| ELIGIBILITY | | | |
| I am a member of (insert club)... | | I hold a valid driving licence | YES/NO |

| | |
|---|--------------------------|
| DOUBLE DRIVEN CARS ONLY: | |
| If THIS entry relates to the driver to run SECOND, tick this box. | <input type="checkbox"/> |
| Name of other driver (each driver must submit an entry form) | |

| | | | |
|--|------------------------------|----------------------------|------------------------------|
| CLASSES & CHAMPIONSHIPS | | | |
| All drivers must complete Section A . Those drivers who are contenders in the championships listed in Section B <u>must also</u> complete the relevant parts of Section B . | | | |
| Section A ACCORDING TO SR.9 MY CAR IS IN CLASS ... | | | |
| Section B CHAMPIONSHIPS (tick box) | ASWMC Hillclimb Championship | Cornish Speed Championship | ACSMC Hillclimb Championship |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | SBD/HSA Speed Championship | Torbay Speed Championship | Revington TR Championship |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|-----------|--------|
| VEHICLE DETAILS | | | |
| MAKE & MODEL | | | |
| REG. NO. | | ENGINE CC | |
| Is the vehicle Road-going (taxed & insured) ? | | | YES/NO |
| Is the vehicle fitted with a Super/Turbocharger ? | | | YES/NO |

| | | | |
|---|--------------------|--|----------------|
| FEES | | | |
| PLYMOUTH MOTOR CLUB MEMBERSHIP (£12.00 If required) | | | £ |
| ENTRY FEE | £83 | | £ |
| Saturday night BBQ | £5.00 (per ticket) | | £ |
| PLEASE MAKE CHEQUES PAYABLE TO PLYMOUTH MOTOR CLUB | | | Total £ |

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.

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 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 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.
- 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. 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.
- 3) I understand that should I at the 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 unless I have declared such disability to Motorsport UK which has, following such declaration, issued a licence which permits me to do so. I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period. (H10.1.6)
- 4) Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given.
- 5) 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 Motorsport UK. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself and the minor with the Motorsport UK 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. **Note:** Where the Parent/Guardian/Guarantor is not present there must be a Guardian who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.
- 6) I hereby agree to abide by the Motorsport UK Safeguarding Policy and Guidelines and the National Sporting Code of Conduct.
- 7) I have read and fully understood the regulations for Control of Drugs and Alcohol as contained in the Competitors' and Officials Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.motorsportuk.org, www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by Motorsport UK. Further, if I am counter-signing as the parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UK Anti-Doping Rule 5.7.2) I hereby confirm that I give such consent for the minor concerned to be so tested.
- 8) I understand that my personal data is being processed solely for the purposes of running this event and will be handled by the organisers in accordance with Motorsport UK data protection policy which can be found at www.motorsportuk.org/data-protection. **Indemnity:** In consideration of the acceptance of this entry I agree that neither any one 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 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.

ENTRANT SIGNATURE _____ AGE (IF UNDER 18) _____

DRIVER 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 _____

Last updated: 4/2/19

**Please complete this form in full, SIGN THE DECLARATION ABOVE and send to:-
Mrs. C. Pearce, 8 Witham Gardens, Efford, Plymouth PL3 6ES with the appropriate remittance.**

• Please do not use staples and do not send self-addressed envelopes

| | | | |
|---------------|---------------|---------------|------------|
| Cheque amount | Cheque date | Date received | "A" driver |
| Cheque No. | Bank A/C name | Accept/reject | Comp No. |