LAUNCESTON & NORTH CORNWALL MOTOR CLUB LTD

SPRY TROPHY TRIAL 26th JANUARY 2014

Date	
Name	Club
Address	Car Class
Postcode	1
email	2
'Phone – Home	Motorcycle Class
Work	3
Passenger's name	4
	Postcode
Motor Cycle Type	Capacityc.c
Car Type	Capacityc.c

PLEASE COMPLETE ALL SECTIONS

INDEMNIFICATION & DECLARATIONS.

Held under the General Regulations of British Motor Sports Association Ltd (incorporating the provisions of the International Sporting Coothe FIA) hereafter referred to as the MSA.

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and the Supplement 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.

Further, I understand that all persons having any connection with the promotion and/or organization and/or conduct of the event are insagainst loss or injury caused through their negligence.

I declare that my car is fitted with a free and uninterrupted differential and no limited slip device is fitted.

AMC Declaration: Motor Sport can be dangerous and may involve injury or death. You must read and agree to the following declar paragraphs below which are designed to create a legally binding relationship in return for you being allowed to enter and compete.

- 1. I confirm that the information in this entry form and the information and my acceptance of the terms of my completion licence are co
- 2. I confirm that I understand the nature of the completion I am entering and I am competent to take part.
- 3. I confirm that any vehicle I use will comply with the regulations and will be safe and fit for use in the competition.
- 4. Before taking part in the event I will ensure (unless prohibited) that I have inspected the venue, the track and the facilities and geofeatures and that I am satisfied that it is safe for me to compete.
- 5. I will not take part if I have any doubt about my ability or the safety of the venue.
- 6. I accept that the competition in motor sport may involve the risk of injury or death and I agree to take part at my own risk.
- 7. Before taking part in the event I will read and be bound by and comply with general regulations, any supplemental and final in issued by the AMCA, the organisers and the circuit owners and the regulatory body.
- I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I w the even organiser and seek approval to participate before taking part.
- 9. If under the age of 18, my parent/guardian has read the above and signed the declaration and agreement below.

My age is	(if applicable, state 'over 18 years')

Entry Fee Membership Fee (if ap	£ 18 propriate £10)	
Total	£	(Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd)
Driver's Signature		Age if under 18
Passenger's signature . (if appropriate)		Age if under 18
If the driver or passeng	ger is under 18 years of age, the	he Parent/guardian must read and sign the declaration.
	rent/Guardian/Guarantor i t from the Parent/Guardian	is not present there must be a representative who must produce a written and sign/Guarantor.
Please complete below	v if driver or passenger is u	nder 18 years.
which are designed to		o allow the applicant to enter the competition you must agree to the matters set out b you. Sign below only if you agree.
	entry form and declaration co	ompleted by the applicant and confirm the answers are true.
	ne/she is competent to take pa	art in the event and that any vehicle which he/she will use is safe and fit for the competition
	lowing him/her to take part, s	satisfy myself that the course and facilities are safe and will inspect same.
claim for com	pensation against you or the	hould sustain any injury from any cause whilst taking part in the event and as a result brorganisers or officials or sponsors or entrants or owners of the venue I WILL INDEMN ich you may be required to pay as a result of such claim.
THIS ENTRY IS MAI	DE WITH MY CONSENT,	
Name of PARENT or 0	GUARDIAN of DRIVER or l	PASSENGER *
Address		
		Postcode
* Delete as appropriate	. .	
Signature of Parent or	Guardian	
******	********	*************************
Emergency Contact:	Driver, please contact	
<i>y</i> ,	_	

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