LAUNCESTON & NORTH CORNWALL MOTOR CLUB LTD

TESTING TRIAL 7 AUGUST 2016 - ENTRY FORM

Date	
Name	Club
Address	
Postcode	A
email -	В
'Phone – Home	C
Work	D
Passenger's name	E
	Postcode
	336040
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 Code of the 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 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.

Further, I understand that all persons having any connection with the promotion and/or organization and/or conduct of the event are insured against 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 declaration and 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 correct.
- 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 geographical features 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 instructions issued by the AMCA, the organisers and the circuit owners and the regulatory body.
- 8. I will not participate whilst under the influence of alcohol or intoxicating drugs and that if I am taking any prescribed medication I will inform 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 app	olicable, state 'over 18 years')		
Entry Fee Membership Fee (if app	ropriate £10)	£ 10.00				
Total		£	(Cheques should be m	nade payable to Launceston & North Cornwal	l Motor Club Ltd)	
Driver's Signature				Age if under 18		
Passenger's signature (if appropriate)				Age if under 18		
If the driver or passenge	r is under 18 year	rs of age, the	Parent/guardian must	read and sign the declaration.		
Note Where the Pare signed authorisation to				st be a representative who must pro	duce a written and	
Please complete below	if driver or pass	enger is und	der 18 years.			
 (b) I confirm that a competition (c) I will, before al (d) I also hereby A result bring a c 	the/she is competed lowing him/her to AGREE that if the laim for compense the MNIFY AND P. E WITH MY CO	ent to take part, so take part, so e applicant slation against AY BACK TANSENT,	art in the event and the satisfy myself that the should sustain any injust you or the organisers TO YOU any sum whith	ant and confirm the answers are true. at any vehicle which he/she will use is course and facilities are safe and will in try from any cause whilst taking part it s or officials or sponsors or entrants or ich you may be required to pay as a res	nspect same. n the event and as a owners of the venue	
* Delete as appropriate.			Postcode			
Signature of Parent or C	uardian					
*****	*******	*******	*********	***********	********	
Emergency Contact:	Driver, please c	ontact				
	On					
	Passenger, please contact					
	On					

Please return to P M Wevill, The Manor House, Lifton, Devon, PL16 0BJ (01566 784451)