

Aberystwyth & District Motor Club Ltd
'Cwrt Garage' Ystwyth Road Rally
Sunday 6TH September 2009
Entry Form

Please complete in **BLOCK CAPITALS**

Entrant: MSA Licence No:

Address:

Driver: Navigator:

Address: Address:

.....

.....

Postcode..... Postcode.....

Tel No.: Tel No.:

MSA Licence No: MSA Licence No:

Club: Club:

e-mail: e-mail:

Make: Model: Reg. No.:

Colour: Capacity:

Class Entered: Expert Semi-Expert Novice

SEEDING INFORMATION (Best overall / class positions giving event and date)

<u>Driver</u>	<u>Navigator</u>
.....
.....
.....
.....

DECLARATION OF INDEMNITY

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 connection with the promotion and/ or organization 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) posses(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicles entered is suitable and roadworthy for the event having regard to the course and speeds which will be reached.
3. The use of the vehicle hereby entered is covered by insurance as required by which is valid for such part of this event as shall take place on roads as defined by the law.
4. 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 unless I have declared such disability to the ASN which has, following such declaration, issued a license which permits me to do so.
5. Any application form for a License which was signed by a person under the age of 18 years was countersigned by that persons Parent/Guardian/Guarantor, whose full names and addresses have been given.

6. If I am the Parent/Guardian/Guarantor I 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 Regulation (and any subsequent alteration thereof).Further, I agree to pay as liquidated damages any fines imposed upon me the maxima set out in Section Z.

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

Entrant's Signature _____ age if under 18 _____

Driver's Signature _____ age if under 18 _____

Navigator's Signature _____ age if under 18 _____

Any indemnity and / or declaration as prescribed by the above which is signed by a person under the age of 18 years shall be countersigned by that person's parents or guardian whose full name and address will be given. This entry is made with my consent:

Name: Name:
 Address:..... Address:.....

 Postcode..... Postcode.....
 Tel No.: Tel No.:
 Signature:..... Signature:.....

INSURANCE: **Lockton Insurance Declaration Form Required: Yes / No**
 If Lockton Insurance cover is not required then please give details of insurance to be used.

Insurance Company:
 Address:.....
 Policy No :.....

Fees:

Entry Fee	£ 120.00
Insurance @ £26 (plus any excess)	£
ADMC membership @ £9.00 pp	£
TOTAL	£

Please make all cheques/ PO payable to 'Ystwyth Rally'

The Entry Secretary (to whom all entries must be sent) is:
 MRS SHARON EVANS, 29 BRONGINAU, COMINS COCH, ABERYSTWYTH, CEREDIGION. SY23 3BQ

Date Rec	Date Ack	Insurance	Amount Rec	Csh/Chq/PO	Name	Class	Comp No

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