

LAUNCESTON & NORTH CORNWALL MOTOR CLUB LTD

MOTORCYCLE TRIAL 4th September 2016

Date

Name Club

Address..... .MotorcycleClass 1.....

..... Postcode 2.....

email -

'Phone – Home Club Membership No (if Applicable)..... Novice.....

Work AMCA Licence No (if applicable) Junior.....

Motor Cycle Type..... Capacityc.c

PLEASE COMPLETE ALL SECTIONS

INDEMNIFICATION & DECLARATIONS.

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 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.

AMCA 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 competition licence are correct.
2. I confirm that I understand the nature of the competition 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 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 applicable, state 'over 18 years')

Entry Fee £ 15.00

Membership Fee (if appropriate. £10 or £1) £

Total £ (Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd)

Rider's Signature Age if under 18

If the rider is under 18 years of age, the Parent/guardian must read and sign the declaration.

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.

Please complete below if rider is under 18 years.

Parent/Guardian Declaration and Agreement: To allow the applicant to enter the competition you must agree to the matters set out below which are designed to create legal obligations on you. Sign below only if you agree.

- (a) I have read the entry form and declaration completed by the applicant and confirm the answers are true.
- (b) I confirm that he/she is competent to take part in the event and that any vehicle which he/she will use is safe and fit for the competition
- (c) I will, before allowing him/her to take part, satisfy myself that the course and facilities are safe and will inspect same.
- (d) I also hereby AGREE that if the applicant should sustain any injury from any cause whilst taking part in the event and as a result bring a claim for compensation against you or the organisers or officials or sponsors or entrants or owners of the venue **I WILL INDEMNIFY AND PAY BACK TO YOU** any sum which you may be required to pay as a result of such claim.

THIS ENTRY IS MADE WITH MY CONSENT,

Name of PARENT* or GUARDIAN* of RIDER

Address.....

..... Postcode

* Delete as appropriate.

Signature of Parent or Guardian

EMERGENCY CONTACT: please contact

On