

Bob Shaw Memorial Stages

9th April 2017

Entry Form

BLOCK CAPITALS THROUGHOUT PLEASE.

DRIVER.

Name.....
 Address.....

 Postcode..... Tel No.....
 Club..... MSA LicenceNumber/Grade.....
 Email Address.....
 Next of Kin Name.....Contact Number.....

CO-DRIVER.

Name.....
 Address.....

 Postcode..... Tel No.....
 Club..... MSA LicenceNumber/Grade.....
 Email Address.....
 Next of Kin Name.....Contact Number.....

ENTRANT.

Name.....Licence Number.....
 Address.....

VEHICLE DETAILS.

Make.....Model.....Capacity(CC).....
 Reg Number.....Colour.....Class Entered

ENTRY.

Entry Fee(received BEFORE 19th March)..... £150.00
 Entry Fee(received AFTER 19th March)..... £195.00
 Pembrokeshire Motor Club Ltd Membership for 2017
 Driver(if applicable) £10.00
 Co-Driver(if applicable) £10.00
 Total Enclosed.....£

To pay by cheque/Postal Order please make payable to:

Pembrokeshire Motor Club Savings Account.

To pay by BACS/Bank Transfer Details:

Bank	Lloyds Bank
Sort Code	30-93-98
Account No.	64370268
Account Name	Pembrokeshire Motor Club Savings Account
Reference	Driver's full name.

Please return to Entry Sec:

Sue Davies
 1 Heritage Park,
 Cardigan Road,
 Haverfordwest,
 Pembrokeshire,
 SA61 2QF
 Tel: 01437 760354
 e-mail: daviessue44@tiscali.co.uk

MSA INDEMNITY DECLARATION

I have been given an 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 and competent to take part in the event.

I understand that motorsport is 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.

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 is 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.

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 the Royal Automobile Club Motor Sports Association Ltd which has, following such declaration, issued a licence which permits me to do so.

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.

If I am the Parent/Guardian/Guarantor of the driver/co-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 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

I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

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)

I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors’ and Officials’ Yearbook Regulations H39, D35.1, G15.1.4 and have also familiarised myself with the information on the websites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA (as amended).

Further, if I am counter-signing as the Parent/Guardian/Guarantor of a minor then in addition to the deemed consent to the testing of that minor (Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

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 land 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. 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).....

CO-DRIVER

Signature.....Age (if under 18).....

Any indemnity and/or declaration signed by a person under the age of 18 must be countersigned by their parent or guardian whose full name and address must be stated below.

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 as appropriate.

This entry is made with my consent(Parent/Guardian):-

(**DRIVER**)Signature..... Full Name.....

(**CO-DRIVER**)Signature..... Full Name.....

SEEDING/PAST EVENT INFORMATION.

DATE OF EVENT	NAME OF EVENT	STATUS	CLASS	POSITION CLASS	POSITION OVERALL

FOR OFFICIAL USE ONLY:

Date Received	Acknowledged	Reference Number	Amount Received
/ / 2017	Y / N		Cash:£
Seeded Number	Finals Sent	Entry Form Complete	BACS:£
	Y / N	Y / N	Cheque:£