

## INDEMNIFICATION

"I have read the supplementary regulations issued for this event and agree to be bound by them and the General Regulations of the Motor Sports Association. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on a public adopted road, I agree to save harmless and keep indemnified the Motor Sports Association, such Persons, or Body as may be authorised by the Motor Sports Association to promote or organise this event and their respective Officials, Servants, Representatives and Agents together with other Competitors and their respective Servants, Representatives and Agents, from and against all actions, claims, costs, expenses and demands in respect of Death of or injury to or Damage to the property of myself, my Driver(s), Passenger(s), Mechanic(s), or associated personnel, arising out of or in connection with this entry or my taking part in this event."

State your age if under 18 \_\_\_\_\_

"I understand that should I at the time of the event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part in the event. I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so."

ENTRANTS \_\_\_\_\_ AGE \* \_\_\_\_\_ MSA LICENCE NO \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

1<sup>ST</sup> DRIVERS \_\_\_\_\_ AGE \* \_\_\_\_\_ MSA LICENCE NO \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ MSA LICENCE TYPE \_\_\_\_\_  
 DATE \_\_\_\_\_ & CATEGORY \_\_\_\_\_

2<sup>ND</sup> DRIVERS \_\_\_\_\_ AGE \* \_\_\_\_\_ MSA LICENCE NO \_\_\_\_\_  
 SIGNATURE \* \_\_\_\_\_ MSA LICENCE TYPE \_\_\_\_\_  
 DATE \_\_\_\_\_ & CATEGORY \_\_\_\_\_

\*IF APPLICABLE STATE "OVER 17 YEARS"

ANY INDEMNITY AND/OR DECLARATION AS PRESCRIBED ABOVE WHICH IS SIGNED BY A PERSON UNDER THE AGE OF 18 YEARS MUST BE COUNTERSIGNED BY THAT PERSON'S PARENT OR GUARDIAN.

THIS ENTRY IS MADE WITH MY CONSENT			
PARENT/GUARDIAN OF	ENTRANT	1 <sup>ST</sup> DRIVER	2 <sup>ND</sup> DRIVER *
NAME			
ADDRESS			
SIGNATURE			
DATE			

## NEXT OF KIN INFORMATION

PLEASE COMPLETE FOR BOTH CREWMEMBERS, THE NAME, ADDRESS AND THE TELEPHONE NUMBER OF A PERSON TO BE INFORMED IN THE CASE OF A SERIOUS ACCIDENT

	1 <sup>ST</sup> DRIVER	2 <sup>ND</sup> DRIVER
FULL NAME		
ADDRESS		
TEL NUMBER		

\*COMPLETE ONLY IF CAR IS TO BE SHARED