East Ayrshire Car Club Autotest Entry Form

DRIVER DETAILS	EVENT	
Name	Feb 15	
Tel No	Mar 15	
CAR		
Make		
Model		
Engine CC		
Class		
Major Mods		1
In case of serious accident, details of person	to be contacted:	
Name		
Relationship		
Tel No		-
Address &	The second se	
Postcode		

Completed entry forms accompanied by the appropriate entry fee should be sent to:

Keith Fair (EACC), 6 Fairways, Stewarton, East Ayrshire, KA3 5DA

Keith@faircu.plus.com

01560 484971 (before 10PM)

Autotest Indemnity

1. I declare that 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 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.

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 track 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 respct of any loss or damage whatsoever and howsoever arising from my participation in the Event.

2. I declare that 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.

3. 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 my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

4. 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 fully familiarised myself with the information on the web sites 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 or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be tested. 5. I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

6. If I am the Parent or Guardian 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 or Guardian 'I confirm that I have acquainted myself and the minor 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.'

Note: Where the Parent/Guardian/Guarantor is not present at the event there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

Signature of driver	
Name (block capitals)	
Address & Postcode	
State age (or >18 years)	

If under 18 years of age the section below must be completed. In addition, the Parent/Guardian/Guarantor must sign-on at the event or, if he/she is not present, there must be an adult representative who must produce a written and signed authorisation to act on behalf of the parent/guardian/guarantor and who signs-on in their place.

Signature of Parent or Guardian if under 18