

LAUNCESTON & NORTH CORNWALL MOTOR CLUB LTD

MOTOR TRADERS TRIAL 4TH SEPTEMBER 2011

ENTRY FORM

Drivers Name.....

Address

Post Code

E-mail address

Phone – Home.....

Mobile.....

Membership Number.....

ASWMC Championship Number.....

Passengers Name.....

Address

Post Code

Vehicle Make Model.....

Engine Capacity (cc)..... Class Entered.....

Emergency Contacts:

For Driver (Name and Number).....

For Passenger (Name and Number).....

Entry Fee:	£15
Membership:	£10
Total:	_____

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

PLEASE READ AND SIGN INDEMNITIES AND DECLARATION OVER THE PAGE.

INDEMNIFICATION & DECLARATIONS

Held under the General Regulations of British Motor Sports Association Ltd (incorporating the provisions of the International Sporting Code of the FIA) hereafter referred to as the MSA.

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and 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 competition and the potential risk inherent with motor sport and agree to accept that risk.

Further, 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.

I declare that my car is fitted with a free and uninterrupted differential and no limit slip device is fitted.

Driver's Signature..... Age if under 18.....

Passenger's signature..... Age if under 18.....

Please complete below if driver or passenger is under 18 years.

As the Parent/Guardian of the driver/passenger, 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 M.S.A.

As the Parent/Guardian, I confirm that I have acquainted myself with the M.S.A. General Regulations, agree to pay any appropriate charges and fees pursuant to these regulations and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations. Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3 Appendix 1.

THIS ENTRY IS MADE WITH MY CONSENT,

Name of PARENT or GUARDIAN of DRIVER or PASSENGER*

.....

Address.....

.....

Postcode.....

*Delete as appropriate.

Signature of Parent or Guardian.....

Complete all relevant sections and post to: Simon Riddle
1 Trecarne View
St Cleer
Liskeard
Cornwall
PL14 5BS

Email: sriddle38@hotmail.co.uk

Phone Number: 01579 344 339