PETER BLANKSTONE SPORTING TRIAL
SUNDAY 11TH MARCH 2018

ENTRY FORM

Held under the General Regulations of the Motor Sports Association Limited (incorporating the provisions of the International Sporting Code of the F.I.A.) and the Supplementary Regulations.

ENTRIES CLOSE ON 8th MARCH 2017

Driver's Name: …… Age if Under 18: …….. Comp Licence No: ……

Address:……

……

Email: …… Mobile: ……

I am a fully paid up member of the following club: ……

Are you a competitor in the BTRDA Trial Championship? YES/NO

Are you a competitor in the ASWMC Trial Championship? YES/NO

Passenger's Name: …… Age if Under 18 ……

Address: ……

……Email: ……

Passenger is a fully paid up member of the following club: ……

CAR DETAILS

Make: …… Model: …… Type of Fuel: GAS/PETROL *(delete one)*

Class: …… Capacity…… cc Type of Axle: LIVE/INDEPENDENT *(delete one)*

EMERGENCY CONTACTS

Driver's Next of Kin: Name: …… Telephone No.: ……

Passenger's Next of Kin: Name: …… Telephone No.: ……

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 these events 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 the competition and the potential risk inherent with motor sport and agree to accept that risk.
I understand that motorsport can be 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 the entry (or entries) I agree that neither any one of the 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 including but not limited to damage to the property, economic loss, consequential loss or financial loss howsoever caused. 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 however arising from my participation in this event.
I understand that should I at any 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 license which permits me to do so.

I enclose an entry fee of £ _____ (£40 per entry)

N.B. Entries not accompanied by the fee will not be considered.

Cheque ☐ Debit Card ☐ Credit Card ☐ Please note that Credit Cards are subject to a 2% handling fee

Please make cheques payable to 'Midland Automobile Club Ltd'

Card Number:

Security Code:

Valid From: ___ ___ /___ ___

Expiry Date: ___ ___ / ___ ___

Driver's Signature: …… **Date:** ___ ___ / ___ ___ / _____

Passenger's Signature: …… **Date:** ___ ___ / ___ ___ / _____

THIS SECTION TO BE COMPLETED IF THE DRIVER AND/OR PASSENGER IS UNDER 18 YEARS OF AGE as MSA REGULATION D 13.1.1

I am the Parent/Legal Guardian/Guarantor of the Driver/Passenger (delete as appropriate) named overleaf and I understand that I or my Guarantor shall have the right to be present during any procedure being carried out under the General Regulations of the Motor Sports Association.

The entry overleaf is made with my support and I or my representative (who will produce my written and signed authorisation to so act) will attend the event and sign on as Entrant in accordance with MSA General Regulations.

PARENT, LEGAL GUARDIAN OR GUARANTOR (Please use block capitals):

Full Name: …… Relationship to Driver/Passenger: ……

Address: ……

…… Telephone Number: ……

Signature: …… Date: ___ ___ / ___ ___ / _____

BE AWARE THAT BY SIGNING ON AT THE EVENT YOU ARE ENTERING INTO A LEGALLY BINDING CONTRACT

NB.

1. If the Driver is aged 16 or 17 and does not hold a full RTA licence, the passenger must hold a full RTA licence and be experienced as a driver in Sporting Trials.
2. No passenger under the age of 14 years may be carried in an open car.

Please return to:

Rachel Lovett, Midland Automobile Club, Shelsley Walsh Hill Climb, Shelsley Walsh, Worcester, WR6 6RP
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