

November Sporting
Venue: Stoneacre Farm, Otham
Entry Form
DATE: 1st November 2015

Please complete and sign page 2

DRIVER	PASSENGER
First Name	First Name
Surname	Surname
Address	Address
Town	Town
County	County
Postcode	Postcode
Mobile: Landline:	Mobile: Landline:
E-mail	E mail
Club Name & Membership number	
Make of Car	
Engine Capacity	
Signature of Driver	Signature of Passenger
Age if under 18	Age if under 18
Signature of Parent if under 18	Signature of parent if under 18
Are you Double driving this car...YES/NO	With whom?

**November Sporting Trial
Venue: Stoneacre Farm, Otham
Entry Form
Date: 1st November 2015**

Page 2

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, 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 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 the Event.

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.

SIGNATURES: This entry form is not valid unless the driver has signed below.

Driver	Date:
Passenger	Date:

DRIVER	PASSENGER
Name	Name
Address	Address
County	County
Telephone Number	Telephone number

Person to be notified in the event of an accident

Please return **BOTH PAGES** of the COMPLETED form to:

Stephen Barnes, Oldbury, Station Road, Groombridge, Tunbridge Wells, TN3 9NG

together with a cheque for £35 made payable to: sportingtrials.com