## MOTORCYCLE OFF ROAD 2020 - EVENT ENTRY FORM PREMIER

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679 Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400

**EVENT** Date of Event: 13/0

Permit No: ACU 1 BC

Organisers: TENTERDEN Course Licence or Certificate No. (where applicable):

Venue: MAYWODD

Date: .....

This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook

**ENTRY DECLARATION:** If the undersigned apply to enter the event described above and in consideration thereof:

- I declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the 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 confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.

Signature of **Rider's** Parent, Person with Parental Responsibility:

Riding Number preferred. (where available) Transponder Number (if applicable):

PLEASE RETURN ENTRY FORM TO: MICHAEL . NUTBROWN @ BULFOUR SEATTY

- I have read and understood The Auto Cycle Union Ltd Data Protection Policy and consent to the collection and retention of my personal information by the ACU.
- I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.

  I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I have

an Aco Licence susp	reflued, flor have I been excluded from any ACO competition.
ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I ur permanently disabled or suffering some other serious injury and I acknowledge that circuit owner, the promoter, the organising club, the venue owner, or any individual car may suffer, the dominant cause of any serious injury will always be my voluntary decision. I have read the above and acknowledge that my participation in motorsport by "signing on" at the designated place before taking part in any Practice See	even in the event that negligence on the part of the ACU, any event organiser, any rrying out duties on their behalf were to be a contributory cause of any serious injury I on to take part in a high risk activity.
Participant's signature: Please tic	k box if you are 18 years of age and over
Passenger's signature: X X X X Please tick	k box if you are 18 years of age and over
FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION OF P.	ARENT, PERSON WITH PARENTAL RESPONSIBILITY:
(COMPLETE IN BLOCK CAPITALS PLEASE) I participant, hereinafter referred to as 'my child', accept that my child may participate in I declare as follows: I have read and understood the "Acknowledgement of the risks of which include the risk of death or permanent disablement. My child does not suffer fir to participate either as a Competitor or for Practice. I accept that it is my responsibility National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations comply with them. I accept that photographs or video films may be taken of my child to be taken for promotional purposes and may appear on the ACU website or in ACU public	the parent/person with parental responsibility of the above named the aforementioned meeting. of motorsport" which appears above. I appreciate the dangers inherent in motorsport om any physical, medical or mental disability which would make it unsafe for him/her y to ensure that my child and I have had the opportunity to read and understand the and Final Instructions subsequently issued and this Entry Form and that he/she will by officials dealing with safety issues or accident investigations. Physical she will be a second of the contract of the contra

Full Name & Address		
ENTRY DETAILS PLEASE FILL IN WITH BLOCK CAPITAL LETTERS		
IDER:		PASSENGER:
urname: *		Surname:
irst name(s): X		First name(s):
	Tel: <b>*</b>	
ete of Birth: 🗴	Club: 📉	Date of Birth: Club:
CU Licence / Registration	No: 🛪	ACU Licence / Registration No:

Entry Fees for this event  $\pounds$  ...... Plus if applicable: Transponder Clip  $\pounds$  ..... Transponder Hire  $\pounds$  .....

Full Name & Address .....

Entrant's Licence No. (If applicable):

TOTAL £ .....