

Ref. Nr.	Date received	Acceptance/ refusal sent	Payment details	Comp. Number

**CARMARTHEN MOTOR CLUB LTD.
AUTUMN RALLY 2015**

CLASS ENTERED (See SR7) (Tick which is to apply)

1 – Expert

2 – Semi-expert

3 – Novice

ENTRANT/SPONSOR

Name _____ Licence Nr _____

Address _____

DRIVER

First Name _____ Surname _____

Address _____

_____ Post Code _____

Telephone Nr(s) _____ Comp Licence Nr _____

E-mail address (if any) _____ (Please print clearly)

NEXT OF KIN:

Name _____ Relationship _____

Address _____ Tel Nr: _____

CO-DRIVER

First Name _____ Surname _____

Address _____

_____ Post Code _____

Telephone Nr(s) _____ Comp Licence Nr _____

E-mail address (if any) _____ (Please print clearly)

NEXT OF KIN:

Name _____ Relationship _____

Address _____ Tel Nr: _____

VEHICLE AND CLASS

Make and Model: _____ Exact engine Capacity: _____
cc

Colour: _____ Vehicle reg nr: _____

ADDITIONAL INFORMATION

Ladies/mixed crew YES/NO
Under 21 navigator YES/NO

FEES

Entry fee 95.00
Insurance premium 15.00
Loading on insurance premium (if applicable)

C.M.C. Membership - Driver to 31st Dec 2015 5.00
C.M.C. Membership – Navigator to 31st Dec 2015 5.00
(Please tick which paid for)

TOTAL £ -----

Please enclose cheque(s)/postal order(s) totalling the above amount, made payable to CARMARTHEN MOTOR CLUB LTD. Post dated cheques will not be accepted.

MARSHAL’S DETAILS: (Must be completed or entry will not be accepted)

Name: _____

Address: _____

Telephone No: _____ E-mail: _____

PREVIOUS EXPERIENCE: (please tick all that apply)
Main Control Section Start Section Finish Passage Control Give Way

What sort of Control would you prefer to Man?

Can you man more than one Control?

Held under the General Regulations of the Motor Sports Association (incorporating the provision of the International Sporting Code of the FIA) and the Supplementary Regulations.

INSURANCE: *IMPORTANT*

Can you comply with the Jelf Insurance Partnership Declaration? YES/NO.
If No please complete proposal form.
If on own Insurance, please give details below:-

Name of Insurer: _____ Policy
No. _____

Address:

SEEDING INFORMATION

Please enter below details of **driver's** best performances in Road Rallies.
If no appropriate results, please include any relevant experience.

EVENT	STATUS & CHAMPIONSHIP	YEAR	START NR.	POSITION		RESULT APPLICABLE TO	
				OVERALL	CLASS	Driver	Nav.

N.B. Any entrant falsely declaring or withholding information may forfeit their entry fee and have their entry refused.

THE ENTRY FOR MUST BE COMPLETED IN EVERY RESPECT - INCLUDING SIGNING THE INDEMNIFICATIONS and sent to the Entries Secretary:

Louise Davies, 62 Ffordd Aneurin, Pontyberem, Llanelli, SA15 5DE

Tel: 07940 068664 (1900 - 2100 hours only please)
E-mail: entrysec.autumnroadrally@gmail.com

Please enclose one completed label to be used on correspondence.

**CARMARTHEN MOTOR CLUB LTD.
AUTUMN RALLY 2015**

Indemnification Declaration

I declare that:

1) I have been given an 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.

2) 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) The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

4) 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 the 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.

5) Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given.

6) If I am the Parent/Guardian/Guarantor 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/Guardian/Guarantor I confirm that I have acquainted myself 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 there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

7) I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

8) I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period. (H10.1.6)

9) I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the MSA 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 (Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

Indemnity: 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 land 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 this 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 respect of any loss or damage whatsoever and howsoever arising from my participation in this event.

Signed:

Entrant _____ Date _____ State your age if under 18 _____

Driver _____ Date _____ State your age if under 18 _____

Co-driver _____ Date _____ State your age if under 18 _____

An indemnity/declaration which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian whose full name and address shall be given. This entry is made with my consent

Signed _____ Date _____
(Parent/Guardian of Driver)

Signed _____ Date _____
(Parent/Guardian of Co-driver)

Full name _____

Full name _____

Address _____

Address _____

Tel nr _____

Tel nr _____