

**CARMARTHEN MOTOR CLUB LTD.  
WEST WALES RALLY SPARES CHRISTMAS STAGES 2004**

**Indemnification Declaration**

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 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 the 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 organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

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 my 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.

**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 \_\_\_\_\_

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

**ENTRANT/SPONSOR**

Name \_\_\_\_\_ Licence Nr \_\_\_\_\_

Address \_\_\_\_\_

**DRIVER**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Nr(s) \_\_\_\_\_ Comp Licence Nr \_\_\_\_\_

Motor Club \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

**NEXT OF KIN:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel Nr: \_\_\_\_\_

**CO-DRIVER**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Nr(s) \_\_\_\_\_ Comp Licence Nr \_\_\_\_\_

Motor Club \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

**NEXT OF KIN:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel Nr: \_\_\_\_\_

**VEHICLE AND CLASS**

Make and Model: \_\_\_\_\_

Engine Capacity: \_\_\_\_\_ Colour: \_\_\_\_\_

Forced Induction: YES/NO \_\_\_\_\_ Number of valves per cylinder: \_\_\_\_\_

4 wheel Drive: YES/NO \_\_\_\_\_ Number of camshafts (per bank): \_\_\_\_\_

**Vehicle reg nr:** \_\_\_\_\_

**Class entered (See SR8):** \_\_\_\_\_



**Tel & Fax: 01994 230966 (1900 - 2100 hours only please)**  
**E-mail: Rylandjms@aol.com**

**Please enclose 3 completed labels to be used on correspondence.**