

# WWRS JAFFA STAGES 2013

## Promoted by Carmarthen Motor Club Ltd.

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) \_\_\_\_\_  
(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 \_\_\_\_\_

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

**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 SR7): \_\_\_\_\_

## ADDITIONAL INFORMATION

Ladies/mixed crew

YES/NO

### FEEES

Entry fee 210.00

C.M.C. Membership - Driver to 31st Dec 2014 5.00

C.M.C. Membership - Co-driver to 31st Dec 2014 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.

### SEEDING INFORMATION

Please enter below details of **driver's** best performances in Stage Rallies (As a first named driver). If no appropriate results, please include any relevant experience.

EVENT	STATUS & CHAMPIONSHIP	YEAR	START NR.	POSITION	
				OVERALL	CLASS

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:

**Ryland James, Cartref, Bethlehem Road, Pwll Trap,**

**St Clears, Carmarthen, SA33 4AN.**

Tel: 01994 230966 (1900 - 2100 hours only please) E-mail: rylandjms@aol.com

**Please enclose one completed label to be used on correspondence.**

**CARMARTHEN MOTOR CLUB LTD.**  
**WEST WALES RALLY SPARES JAFFA STAGES 2013**

**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 except 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](http://www.ukad.org.uk) and [www.wada-ama.org](http://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 \_\_\_\_\_