

SEVENOAKS AND DISTRICT MOTOR CLUB
Brands Hatch Autosolo ENTRY FORM 15th March 2020

Driver's Name:.....Club.....Date.....

Address:.....

.....Post Code.....

Email address (please write CLEARLY!)

Tel No.....Car Make.....Model.....Class.....CC.....

Is the vehicle taxed, insured and MOT'd? Yes / No Are you a Junior/Young Driver Entrant?
Yes/No.....Age.....

Do you hold a valid RTA Licence (Road Driving Licence)? Yes / No
Amount entered: £65.00 adults. (Junior and young driver fee see regulations.)
Enter amount here.....

Please send the completed entry form, not forgetting to sign the Declaration of Indemnity below, with the appropriate fees to: **David Balderson, 17 Glentrammon Close, Green Street Green, Orpington, Kent BR6 6DL. Tel: 01689 601 661 (M) 07889 702720) Email: balderson@ntlworld.com.**
(cheques to be made payable to Sevenoaks & District Motor Club Ltd) or pay via www.sevenoaksmotorclub.com/online-payments or direct to bank account number 309712 00 565 350

DECLARATION OF INDEMNITY

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 to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the event 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.
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 any 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 Section Z.
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 Motorsport UK Child Protection Policy and Guidelines

Driver's Signature:.....Age (if under 18).....Date.....

Any indemnity and/or declaration as which is signed by a person under 18 years of age shall be countersigned by that person's parent or guardian whose full name and address must be given below.

Counter signature.....

Please show the name, address and telephone number of the person who should be contacted in case of an accident. Name.....Address.....

Relationship to driver?.....Tel No.