

Co. Galway Motor Club Ltd
Hewison Autotest – Sunday, 30th October 2011
ENTRY FORM

This form must be completed fully in BLOCK CAPITALS

ENTRANT/ DRIVER:

Name: _____

Address: _____

Telephone (H): _____ Telephone (W): _____

Competition Licence No: _____ Issued by: _____

Next of Kin's Name: _____ Telephone: _____

CAR DETAILS

Make _____ Model: _____ Engine Capacity: _____ cc

Class Entered: _____ Novice?: YES NO (please circle as appropriate)

Fee Enclosed: € _____ Cash/Cheque/P.O. (delete as appropriate)

INDEMNIFICATION

(a) I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Competition Rules and Regulations of MI including the guidelines and regulations contained in Motorsport Ireland's Code of Conduct for Children's Sport. In consideration of the acceptance of this entry or of my being permitted to take part in this event I agree to save harmless and keep indemnified the Co. Galway Motor Club Ltd, Irish Automobile Club Ltd. t/a Royal Irish Automobile Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s) (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents. Furthermore, in respect of any parts of this event on ground where Third Party Insurance is not required by law, this Agreement shall in addition to the parties named above extend to all and any other competitor(s) and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s).

My age is (if applicable, state "over 18 years").

(e) Any indemnity and/or declaration as prescribed by sub-paragraph (a) above which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full names and address shall be given. Furthermore, the parents and/or guardians of persons under 18 years of age shall grant permission to MI and the Irish Sports Council to carry out tests in accordance with the Irish Anti-Doping Rules (Rule No 139) in the following form:

"I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules."

Signature (Driver): _____ Date: _____

Where the above is signed by a person under 18 years, the entry form shall be countersigned by that person's parent or guardian, whose full name and address shall be given.

Signature of Parent or Guardian: _____

Full Name and Address of Parent or Guardian: _____
