2021 - PRESS SIGNING-ON FORM

ACU and The Auto-Cycle Union are trading names of
The Auto-Cycle Union Limited registered under Company No. 00134679;
Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event: …… Organisers: ……..……

Venue: ……..…… Date of Event: ……

Permit No: …….…….. Course Lic/Cert No. (where applicable): ……..…

Declaration

I declare that:-

- I agree to act as in accordance with the instructions of any official of the event.
- I will inform the organisers immediately should any change in my condition occur which I have reason to or ought to have reason to believe would affect my ability to carry out my duties.
- In so far as my duties require it, I have familiarised myself with the course/track/circuit and the facilities thereof and declare my acceptance for the purpose of my duties.
- I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** and I consent to the collection and retention of my personal information by the ACU.
- I hold Legal Liability insurance with a limit of indemnity of not less than £2,000,000 any one accident unlimited in all and will produce a copy of my insurance if requested to do so by the Organiser.
- If I intend to operate a small unmanned aircraft (drone) I declare that I hold Legal Liability insurance with a limit of indemnity of not less than £2,000,000 any one accident unlimited in all and will produce a copy of my insurance if requested to do so by the Organiser.
- If I intend to operate a small unmanned aircraft (drone), I confirm that my drone complies with the rules and regulations as provided by the UK Civil Aviation Authority (CAA) or other statutory regulatory body responsible for these matters.
- I shall not seek to claim against the ACU the organisers nor their officials, the landowners, the promoter or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused, whether by the negligence or breach of statutory duty of the said bodies or persons.
- I declare that I have not tested positive or been required to self-isolate as a result of having had symptoms related to Covid-19 or been in contact with someone who has been infected with the virus in the last ten day period leading up to this event.

Acknowledgement of the risks of motorsport

I hereby acknowledge that I may be exposed to the risks inherent in motorsport and I will undertake my duties with due and proper regard for my own safety. I have read the above and acknowledge that my participation in motorsport is entirely at my own risk.

NAME	ORGANISATION	SIGNATURE	In Case of Emergency (Contact Name & Number	NAME	ORGANISATION	SIGNATURE	In Case of Emergency (Contact Name & Number

Sheet ……..….. of ……..…..