



MOTORCYCLE SPORT EVENT ENTRY FORM

(for Off Road ACU Events)

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX

Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.ora.uk

BASIC INSURANCE

Event: ...Open Solo Motocross..... Organisers: West Devon MCC.....

Venue:MEPAL..... Date of Event: ... 15 April 2012.....

Permit No: ...ACU 34260..... Course Lic/Cert No. (where applicable):TBA.....

This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting.

The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook.

Entry declaration: I / we the undersigned apply to enter the event described above and in consideration thereof: -

- I / we hereby declare that I / we have had the opportunity to read, and that I / we understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I / we further declare that I am / we are physically and mentally fit to take part in the event and I am / we are competent to do so.
- I / we confirm that I / we understand the nature and type of event we are entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I / we confirm that the machine(s) as described below which I / we compete on shall be suitable and proper for the purpose.
- I/we confirm that I/we are eligible to compete on the machines for which I/we have entered.
- I / we confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it / they will comply with the regulations in respect thereof.
- I / we agree that I am / we are required to register our arrival by "signing on" at the designated place prior to commencement of my/our practice or first competition, whichever occurs first.
- I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.
- I/We understand and accept that as the Supplementary Regulations state the Insurance cover for this event is "Basic" there is no Personal Accident cover for Competitors and Liability cover in respect of any claim made by third parties is limited to £10 million and £5 million for Medical Mal-practice
- I / we enclose the entry fee of: £...40.00.....

Acknowledgement of the risks of motorsport: I / we understand that by taking part in this event I / we are exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I / we acknowledge that even in the event that negligence on the part of the ACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I / we may suffer, the dominant cause of any serious injury will always be my / our voluntary decision to take part in a high risk activity.

I / we have read the above and acknowledge that my / our participation in motorsport is entirely at my / our own risk.

Rider's signature: If **under 18** state date of birth*:

Passenger's signature: If **under 18** state date of birth*:

* For riders and passengers **under 18 years of age** - I accept the above conditions of entry to this event and give my approval:-

Signature of parent or person with parental responsibility:.....

Riders and Passengers under 18 years of age who cannot produce a valid ACU Competition Licence/Trials Registration must also complete a 'Parental Agreement form (Single Event)' in addition to this entry form.

RIDER Surname:

First name(s):

Address:

Postcode: Tel:

Date of Birth:

ACU Licence / Registration No:

PASSENGER Surname:

First name(s):

Address:

Postcode: Tel:

Date of Birth:

ACU Licence / Registration No:

Class Entered:

MACHINE

Type / Class:

Make:

Capacity:cc Stroke:mm

Riding No. preferred: (where option is available)

ENTRANT (if different from Rider) **Licence No:**

Company / Name:

Address:

Entrant's Signature:

Cheques payable to: West Devon MCC

Return entry form and payment to: West Devon MCC, Sonia Goggin, ACU House, Wood Street, Rugby, Warwickshire, CV21 2YX

Contact No :01788 566404