RIDERS & PASSENGERS SIGNING-ON FORM

Adults & Minors

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: ……

Venue:……

Organisers: ……...……Date of Event:……

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

Declaration

- In consideration of being permitted to participate in this event I declare that I will be bound by the declaration on the event entry form.
- I also acknowledge and accept the Risks of Motorsport as shown on the said entry form.
- I give permission for details of any injuries I may suffer during this event to be given to the Clerk of the Course.
- I/we confirm that I/we are eligible to compete on the machines for which I/we have entered.
- I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.
- I confirm that I am physically and mentally able to participate and am competent to do so.
- I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.

RIDER / PASSENGER			**PARENT / GUARDIAN / RESPONSIBLE ADULT (Where rider / passenger is under 18 years of age except for Trials Registered Riders of 16 years and over who may sign on their own behalf)**	
NO.	NAME	SIGNATURE	NAME	SIGNATURE

Sheet ……..…. of ……..…. *Total number (if sheet complete) 20 competitors* FORM C4-**2016**