# RIDERS & PASSENGERS SIGNING-ON FORM

## Adults only

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

Event: …… Venue……

Organisers: …… Date of Event: ……

Permit No: ACU …… Course Licence/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 confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that I am not suspended or my ACU Licence has not been suspended, and I have not been withdrawn from any ACU competition.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.
- I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** and consent to the collection and retention of my personal information by the ACU.

Sheet …… of …… Total number (if sheet complete) 50 competitors

| NO. | NAME | SIGNATURE | NO. | NAME | SIGNATURE |
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*Sheet …… of ……* *Total number (if sheet complete) 48 competitors* FORM C3 -2018