RIDERS & PASSENGERS SIGNING-ON FORM

To be completed where the Competitor is under 18 years of age **Minors Only**

Auto-Cycle Union Ltd, 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

- In consideration of being permitted to participate in this event I declare that I will be bound by the declaration signed on my behalf on the Parental Agreement Form associated with this event and by the declaration which I have signed on the event entry form. The answers on the said Entry Form are true. Further I will be bound by the directions of my parents(s)/guardian(s)
- 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- I confirm that I am not suspended or my ACU Licence has not been suspended and I have not been withdrawn from any ACU competition.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 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.

RIDER/PASSENGER			PARENT/GUARDIAN (Where the rider/passenger is under 18 years of age)	
NO.	NAME	SIGNATURE	NAME	SIGNATURE

Sheet …….…. of …….….

FORM **RR** C5-2018