2020 - OFFICIALS & ASSISTANTS SIGNING-ON

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 an official of this meeting in whatever capacity is requested of me by the organisers and I will inform the organisers immediately should I be asked to officiate in a position which I do not feel confident to fulfil for any reason.
- 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.
- In so far as my duties require it, I have had the opportunity to read and understand the National Sporting Code of the ACU, the Standing Regulations and such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I shall not seek to claim against the ACU (other than covered under the Personal Accident Policy), 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.

Acknowledgement of the risks of motorsport

I hereby acknowledge that as an official 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 (Print)	POSITION / POST	ADDRESS & TELEPHONE NUMBER	SIGNATURE	IN CASE OF EMERGENCY (Contact Name & Number)

Sheet …….…. of …….….

Total number (if sheet complete) 15 Officials/Assistants

FORM C6-**2020**