2020 - 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 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.
- 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- I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.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.

Covid-19

- I acknowledge the Organisers are operating this event in accordance with Government guidelines, advice and instruction so as to minimise the risk to Competitors, Marshals and Officials and the public from Covid-19.
- By participating in this event, I will take all necessary steps to protect myself and others from the risk of infection. I agree to follow and abide by any instructions set down by the Organiser in an effort to minimise the risk of the Covid-19 virus.
- I acknowledge and accept the underlying and unavoidable risk of infection from the Covid-19 virus.

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)**		**In Case of Emergency (Contact Name & Number)**
NO.	NAME	SIGNATURE	NAME	SIGNATURE	

Sheet …….. of ……..

Total number (if sheet complete) 20 competitors