

2021 MOTORCYCLE SPORT EVENT ENTRY FORM

AUTO CYCLE UNION	Road Race, Drag, Sprint, Hillclimb & Supermoto Events
BIKESPORT GB	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):
 Instructions issued for the meeting. The ACU National Sportisms ENTRY DECLARATION: I the undersigned apply to enter the expectation of the expectat	erstand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary and by them. It and I am competent to do so. I confirm that I understand the nature and type of event I am ding that such risks may involve negligence on the part of the organisers or officials. Ition nor on the ACU Stop List as a result of incurring a Concussion/Suspected Concussion injury. Into that I may enter specifically excludes liability between the participants. I understand that this principally the result of my voluntary decision to engage in a high risk activity. In detween all medical services and the Clerk of the Course. In each Course on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent each. In give the course of the event. These items include but are not restricted to (safety clothing, or replacement of any items lost or not returned and non-payment or non-replacement of items. Licence suspended, nor have I been excluded from any ACU competition. In Policy and consent to the collection and retention of my personal information by the ACU. In Government guidelines, advice and instruction so as to minimise the risk to Competitors, Marshals uself and others from the risk of infection. I agree to follow and abide by any instructions set down
ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity. I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session or Race.	
Passenger's signature: If under 18 state date of birth*:	
* For riders and passengers under 18 years of age - I accept the above conditions of entry to this event and give my approval:-	
Signature of parent or person with parental responsibility: Riders and Passengers under 18 years must also complete a 'Parental Agreement Form' in addition to this entry form. Parental Agreement Forms are available from the organisers and the ACU. Their Parent or Legal Guardian must attend signing on with them and must be available for the duration of the meeting.	
RIDER Surname:	PASSENGER Surname:
First name(s):	First name(s):
Address:	Address:
Post code	Post code
Date of birthTel:	Date of birthTel:
ACU Licence / Registration No:	ACU Licence / Registration No:
Name of your ACU Affiliated Club (of which I am a member):	Name of ACU Affiliated Club (of which I am a member):
Class Entered:	Transponder No
Contact details in case of emergency	
MACHINE	ENTRANT (if different from Rider)
Type / Class:	Company / Name:
Make:	
Capacity:cc Stroke:	
Riding No. preferred: (where option i	is available) Entrant's Licence No:
Licensed Entrant's signature (if different from Rider):	