STANDLAKE ARENA 2019 RACE LICENCE APPLICATION FORM

| Registration Fee: Su Ladies Bange | Juniors Stox Hot Rod Jper Drift | £50 £30 £30 £30 £30 £30 £20 + £10 if paid by instalment | K Hook, Cote Bu Cote Bampto Oxon. | ngalow F | EG | |
|---|--|--|---|----------------------|----|--|
| Christian name | | Race No (New racers . please check number with Keith) | | | | |
| Surname | | Racing | Racing Class | | | |
| Address | | | Tick appr | Tick appropriate box | | |
| | | | Hot Roc | l | | |
| | | | Product | ion A | | |
| Tel No: code(|) | | 1600 Pr | od Rod | | |
| Mobile No: | | | Bangers | 6 | | |
| Email: | | | F2 Stox | | | |
| | | | Drift Ro | d | | |
| | | | Super D | Drift | | |
| Birth certificate / P | proof of age | Junior | | | | |
| required from all N | S. | Junior A | .ge | DOB | | |

HEALTH DECLARATION

I do not suffer from attacks of giddiness or epilepsy, nor am I suffering from any disability or disease that might make my driving a source of danger to others. My vision is good and I am not colour blind. I have full use of both hands and feet.

I will not race if under the influence of Alcohol / Drugs, nor will I consume any Alcohol / Drugs whilst at the venue.

If I am granted a Licence, I agree to be bound by the rules and regulations of Standlake Arena.

| Racers Signature | |
|------------------|--|
|------------------|--|

INSURANCE

Standlake Arena does not provide any type of insurance to racers. All racers are highly recommended to take out their own Personal Accident Insurance to cover themselves from any accident / injury sustained whilst attending race meetings.

NOW TURN OVER & SIGN THE BACK OF THIS FORM

MOTORSPORT CAN BE DANGEROUS AND MAY INVOLVE **INJURY OR DEATH**

Read carefully before signing to ensure you agree

- 1. The answers given by me in this licence application are true.
- 2. I fully understand the type of the events which the licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
- 3. I will ensure that before I enter any event I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
- 4. I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track is acceptable to me with regard to its features and physical layout.
- 5. I will NOT enter or take part in any competition where I have a doubt as to my safety.
- 6. I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or I become aware that I have become unable to compete due to physical or other disability.
- 7. I agree to accept the risks of injury and death that are inherent in motorsports and agree to take part at my own risk.
- 8. If under the age of 18, my parent / guardian has read my application and sign the declaration and agreement below.

 Racers Signature
 Date
 /
 / 2019

MOTORSPORT CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH **PARENT / GUARDIAN DECLARATION AND AGREEMENT**

You must read the answers given by the applicant and agree to the terms below which create obligations on you before a licence can be issued.

- a) I (print name) ______ am the Parent/Legal guardian of ______
- b) I have read the application for a competition licence completed by him/her, and confirm the truth of his/her answers.
- c) I confirm that he/she is competent to compete in motorsport events permitted by the licence applied for and that both he/she and I are aware of the dangers.
- d) I will ensure that he/she complies with the declaration signed by him/her and will satisfy myself as to the safety of his/her race car and the safety of the venue before allowing him/her to take part.
- e) I also hereby AGREE that in consideration of you granting a licence that if the applicant should sustain any injury from any cause whilst taking part in a competition and as a result bring a claim for compensation against you or the organisers or officials or sponsors or entrants or owners of the venue I WILL INDEMNIFY AND PAY BACK TO YOU any sum which you may be required to pay as a result of such claim.

Signed

Date / / 2019

Address (if different from applicant)