

Co. Galway Motor Club Ltd
Sprint – 27th June 2010 Entry Form
This form must be completed fully in BLOCK CAPITALS

If you have doorplates/ competition numbers on your car, which you wish to use for this event, please write the number in this box.

DRIVER:

Name/ Entrant: _____ Comp. Licence No: _____

Driver's Address: _____

Telephone (H): _____ Telephone (W): _____

Commercial Entrant _____ Entrant's Licence No. _____

Next of Kin's Name: _____ Telephone: _____

Novice?: _____ Double Driving with: _____

Fee Enclosed : € _____ Cash/Cheque/P.O. (delete as appropriate)

CAR DETAILS

Make and Model: _____ Engine Capacity: _____ Class Entered: _____

INDEMNIFICATION

(a) I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Competition Rules and Regulations of MI including the guidelines and regulations contained in Motorsport Ireland's Code of Conduct for Children's Sport. In consideration of the acceptance of this entry or of my being permitted to take part in this event I agree to save harmless and keep indemnified the Galway Motor Club, Irish Automobile Club Ltd. t/a Royal Irish Automobile Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s) (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents. Furthermore, in respect of any parts of this event on ground where Third Party Insurance is not required by law, this Agreement shall in addition to the parties named above extend to all and any other competitor(s) and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s).

My age (driver) is (if applicable, state "over 18 years").

(b) I declare that to the best of my belief the driver(s), passenger(s) possess the standard of competence necessary for an event of the type to which this entry relates and that the car entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

(c) I understand that should I at the time of this event be suffering from any disability whether permanent, temporary or otherwise which is likely to affect prejudicially my normal control of my automobile, I may not take part unless I have declared such disability to MI, who have, following such declaration issued a licence which permits me to do so.

(d) I undertake that at the time of the event to which this entry relates I shall be in possession of a current certificate of medical fitness. In the case of MI Licence Holders, only certificates on the official MI or FIA Medical Forms will be accepted.

(e) Any indemnity and/or declaration as prescribed by sub-paragraphs (a) and (b) above which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full names and address shall be given. Furthermore, the parents and/or guardians of persons under 18 years of age shall grant permission to MI and the Irish Sports Council to carry out tests in accordance with the Irish Anti-Doping Rules (Rule No 139) in the following form:

"I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules."

Signature (Driver): _____ **Date:** _____

Signature (Entrant): _____ **Date:** _____

Where the above is signed by a person under 18 years, the entry form shall be countersigned by that person's parent or guardian, whose full name and address shall be given.

I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules.

Signature of Parent or Guardian: _____

Full Name and Address of Parent or Guardian: _____

