

ENTRY FORM

THE HILLCLIMB AND SPRINT ASSOCIATION LTD

CURBOROUGH SPRINT

SUNDAY OCTOBER 10TH 2010

Entries close on September 27th 2010

Please complete the following in BLOCK CAPITALS:

NAME OF ENTRANT (if applicable) _____

NAME OF DRIVER _____

ADDRESS (to which all correspondence may be sent) _____

_____ POST CODE _____

TELEPHONE (home) _____ (Work) _____

EMAIL ADDRESS _____

NEXT OF KIN (to be contacted in case of an accident)

NAME _____ TELEPHONE _____

I AM MEMBER OF _____ CLUB

CLASS ENTERED _____

CHAMPIONSHIPS ENTERED _____

MY CAR IS TO BE SHARED WITH _____

IF APPLICABLE WHICH DRIVER IS TO RUN FIRST _____

I HAVE / HAVE NOT COMPETED AT CURBOROUGH BEFORE

PREVIOUS BEST TIME AT CURBOROUGH IN THIS CAR _____

DETAILS OF CAR

MAKE _____ MODEL _____

CUBIC CAPACITY _____ TURBO/SUPER CHARGED _____

Please complete the relevant details on the reverse of this form and send with a cheque to the Entries Secretary as notified in the Supplementary Regulations. Entry fee is £88 (non HSA members) and £83 (HSA members). Please note that drivers sharing a car must submit an entry form each.

DECLARATION

I declare that:

1. I have been given an opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in this event and I am competent to do so. I acknowledge that I understand the nature and type of this event and the potential risk inherent with motor sport and agree to accept that risk. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of this event are insured against loss or injury caused through their negligence.
2. To the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.
3. I understand that should I at any time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a Licence which permits me to do so.
4. Any application for a Licence, which was signed by a person under the age of 18 years was countersigned by that person's Parent/Legal Guardian/Guarantor whose full names and addresses have been given.
5. If I am the Parent/Legal Guardian/Guarantor of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Legal Guardian/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Appendix 3 (13) of the MSA Year Book 2010.
NOTE: Where the Parent/Legal Guardian/Guarantor is not present there must be a representative who must produce written and signed authorisation to so act from the Parent/Legal Guardian/Guarantor as appropriate.
6. I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

ENTRANT'S SIGNATURE (if applicable) _____

ENTRANT'S LICENCE NUMBER (if applicable) _____

DRIVER'S SIGNATURE _____

DRIVER'S LICENCE TYPE & NUMBER _____

HAVE YOU EVER HELD A ROAD TRAFFIC LICENCE? YES/NO

HSA MEMBERSHIP NUMBER _____ EXPIRY DATE _____

AGE (if under 18) _____ If an entrant or driver is under 18 years of age this form must be countersigned below by the appropriate Parent or Guardian.

I _____ (full name) OF _____

_____ (address)

BEING _____ (relationship) TO THE ABOVE NAMED DRIVER,
CONFIRM THAT THE ENTRY IS MADE WITH MY CONSENT.

Signed _____ DATE _____

ENTRY FEE £ _____ : _____ CHEQUE NUMBER _____

FOR HSA USE ONLY

Date entry received _____ Acknowledgement sent? _____

Amount paid _____