

Date Received	Date acknowledged	Insurance proposal form? Y / N	Payment received £	Class	Competitor ref	Car no
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For organisers use

**Aberystwyth and District Motor Club LTD**  
**Cambrian Hyundai Night Owl Rally 1<sup>st</sup>/2<sup>nd</sup> of April 2017**

Entry form

Driver Details		Navigator Details	
	Name		
	Address		
	Telephone		
	Motor club		
	Email		
	Msa Licence No		
	Wamc No		
	Under 21?		
	D.O.B		
	Next of kin		
	Address		
	Telephone		

Class entered (please circle)			
Masters	Experts	Semi Experts	Novice

Driver Seeding information				
Event	Year	Event status	Class pos	O/A pos

Navigator Seeding information				
Event	Year	Event status	Class pos	O/A pos

Car Details				
Make		Model		Colour
Reg No		Engine CC		U1400?

Insurance		
<b>Do you have your own insurance?</b>	<b>Yes</b>	<b>No</b>
<b>If Answered Yes Name of insurer</b>		
<b>Policy Number</b>		
<b>If Answered No are you 20 or over?</b>	<b>Yes</b>	<b>No</b>
	<b>Insurance premium of £15.55 will apply no letter needed</b>	<b>Please complete the declaration form &amp; return to Jelf Insurance Partnership to the address provided in regulations for your loading.</b>

#### DECLARATION OF INDEMNITY

- I have been given the 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 the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. Further I understand that all persons having connection with the promotion and/ or organization and/or conduct of the event are insured against loss or injury caused through their negligence.
- To the best of my belief the driver(s) posses(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicles entered is suitable and roadworthy for the event having regard to the course and speeds which will be reached.
- The use of the vehicle hereby entered is covered by insurance as required by which is valid for such part of this event as shall take place on roads as defined by the law.
- 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 the vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a license which permits me to do so.
- Any application form for a License which was signed by a person under the age of 18 years was countersigned by that persons Parent/Guardian/Guarantor, whose full names and addresses have been given.
- If I am the Parent/Guardian/Guarantor I 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/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 Regulation (and any subsequent alteration thereof).Further, I agree to pay as liquidated damages any fines imposed upon me the maxima set out in Section Z.
- I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials Yearbook Regulations H39,D35.1,G15.1.4 and have also fully familiarized myself with the information on the website referred to ([www.ukad.org.uk](http://www.ukad.org.uk) and [www.wada-ama.org](http://www.wada-ama.org)) in particular the UK Anti Doping Rules which have been adopted by the MSA ( as amended). Further, if I am counter signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor(UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

Driver signature	Age if Under 18	Navigator signature	Age if Under18
<b>If under 18 Parent or Guardian name, address and telephone numbers</b>			

<b>Payments (Cheques and postal orders to be made payable to "NIGHT OWL RALLY"</b>	
<b>Entry fee</b>	<b>£100</b>
<b>Insurance premium</b>	
<b>Membership</b>	
<b>Single ADMC membership £10</b>	
<b>Total Enclosed</b>	
<b>Please complete this form in every detail and return with appropriate payments to entry secretary Nia Richards, 8 Heol isfoel, Llanrhystud, Aberystwyth, SY23 5BJ</b>	

