

DONEGAL MOTOR CLUB – KNOCKALLA HILLCLIMBS 2015 – ENTRY FORM



ENTRANTS NAME			ENTRANTS LICENCE NO		
DRIVERS NAME			PHONE NUMBER		
ADDRESS					
COMPETITION LICENCE NO			LICENCE ISSUER		
DAYS ENTERED	SATURDAY	SUNDAY	ENTRY FEE ENCLOSED	€.....	
NEXT OF KIN NAME			CONTACT NUMBER		
NEXT OF KIN ADDRESS					
WILL THE ABOVE NAMED PERSON BE PRESENT AT THE EVENT?			YES	NO	
MAKE OF CAR			TYPE OR MODEL		
MAKE OF ENGINE			CUBIC CAPACITY		
YEAR OF MANUFACTURE			USUAL COMPETITION NUMBER		
CLASS ENTERED					
DUAL DRIVE?	YES		NO		
NAME OF 2 ND DRIVER					
2 ND DRIVER COMPETITION NUMBER					

PLEASE NOTE: A SEPARATE ENTRY FORM MUST BE COMPLETED BY EACH DRIVER AND ACCOMPANIED BY THE RELEVANT ENTRY FEE

PLEASE STATE THE NUMBER OF FUNCTION TICKETS THAT YOU REQUIRE:

DECLARATION OF INDEMNITY

(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 Donegal Motor Club Ltd, 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 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 _____

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.

Signature of Parent / Guardian _____

Address _____

Entries (including entry fee) to be sent to the following address by Friday 28th August 2015:

Grannia McElhinney, 3 Farnleigh Park, Ardeskin, Donegal Town, Co. Donegal. Tel: 086 417 0703

Received No:..... Payment Type: Amount Received: