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HILLCLIMB/SPRINT WEEKEND 5th & 6th August 2017

ENTRY FORM

PLEASE PRINT CLEARLY IN BLOCK CAPITAL IN THIS SECTION

Drivers/Entrants Name.....

Driver Address.....

Phone No. (Home)..... Mobile No..... Email Address

Comp Licence No..... Grade of Licence.....

Next of Kin's Name..... Phone No..... Present at Event: Yes No

Class EnteredHillclimb Championship Entrant: Yes No If Yes, Championship Race No.....

Make of Car..... Engine Capacity.....cc Type of car: Two wheel drive Four wheel drive

Commercial Entrant..... Entrant licence No.....

Are you Double Driving: Yes No

If Yes, Double drivers name.....

If Yes, Double drivers Licence Type..... Comp Licence No.....

Will you take part on (please tick): Saturday 5th or Sunday 6th BOTH SAT SUN

(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 Limerick Motor Club (Organising 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."

(f) I agree to abide by and be bound by the Motorsport Ireland Social Media Policy of conduct as per Appendix 126 of the current MI Yearbook.

SIGNATURE (DRIVER)..... DATE.....

SIGNATURE OF PARENT / GUARDIAN..... DATE.....

