

Sporting Trials Cars ONLY

Entry form Driver Declaration

Held under the National Sporting Code of MotorSport New Zealand Inc. and the Sporting Trials Competition Booklet

Date: ____ / ____ / ____

<p>Indemnity: I have read the Supplementary Regulations issued for this meeting and agree to be bound by them and the National Sporting Code of Motorsport NZ Inc. In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, ClubSport and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together “the Indemnified Parties”) in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).</p> <p>Declaration of Drivers: I declare that should I at any time of this event be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive this event, I will not participate in the event.</p> <p>Declaration of Car owner or Entrant: See over page for vehicle safety and eligibility.</p> <p>Consent: I consent to the collection of the details on this entry form by the Host car club for the event registration and promotion purposes and for it to retain use and disclose these to Motor sport NZ Inc. I acknowledge my right to access and correction of this information. Consent is given in accordance with the Privacy Act 1993 I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and it's officials.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Driver “A” Name</td> <td></td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">Drivers Phone Number</td> </tr> <tr> <td colspan="2">Member of Car Club</td> <td></td> </tr> <tr> <td colspan="2">Driver “B” Name</td> <td></td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">Drivers Phone Number</td> </tr> <tr> <td colspan="2">Member of Car Club</td> <td></td> </tr> <tr> <td colspan="2">Driver “C” Name</td> <td></td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">Drivers Phone Number</td> </tr> <tr> <td colspan="2">Member of Car Club</td> <td></td> </tr> <tr> <td colspan="2">Driver “D” Name</td> <td></td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">Drivers Phone Number</td> </tr> <tr> <td colspan="2">Member of Car Club</td> <td></td> </tr> <tr> <td>Entry fee \$20 each</td> <td>Paid A <input type="checkbox"/></td> <td>Paid B <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Paid C <input type="checkbox"/></td> <td>Paid D <input type="checkbox"/></td> </tr> </table>	Driver “A” Name			Address			Drivers Phone Number			Member of Car Club			Driver “B” Name			Address			Drivers Phone Number			Member of Car Club			Driver “C” Name			Address			Drivers Phone Number			Member of Car Club			Driver “D” Name			Address			Drivers Phone Number			Member of Car Club			Entry fee \$20 each	Paid A <input type="checkbox"/>	Paid B <input type="checkbox"/>		Paid C <input type="checkbox"/>	Paid D <input type="checkbox"/>
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Required for statistical purposes. (All drivers enter A, B, C and D in appropriate boxes)							
	under 19	19 – 25	26 – 35	36 – 60	61 +	Is this your first event	
Male <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Female <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Signature of Driver: A				Signature of Bouncer Non Driver			
Signature of Driver: B				Signature of Bouncer Non Driver			
Signature of Driver: C				Signature of Bouncer Non Driver			
Signature of Driver: D				Signature of Bouncer Non Driver			
All Occupants: In signing this form all occupants of the vehicle listed on the reverse of this page agree to be bound by the indemnity above and shall wear protective apparel complying with the Safety Critical requirements as detailed in the various National Sporting Code Appendices and Schedules.							

ENTRANT / DRIVER DECLARATION Sporting Trials

Vehicle Conformance with Appendix Five Schedule CK

THIS FORM MUST BE HANDED IN AT DOCUMENTATION

DECLARATION BY APPLICANT

I declare that the vehicle detailed on this entry form shall be presented at all times in every respect complying with the Safety and Eligibility requirements detailed in the various National Sporting Code Appendices and Schedules. The vehicle will be made available for scrutineering audits as requested by an appointed Scrutineer or Technical Officer.

I am aware that where any breach of the Safety Schedule is found during a Scrutineering Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

The vehicle **has / has not** (*delete as applicable*) been audited within the last two meetings attended.

ENTRANT:

Name _____ Signature _____ Date ___ / ___ / ___

Vehicle Logbook Number _____

SCRUTINEER:

Name _____ Signature _____ Date ___ / ___ / ___

This form must be available for the Scrutineering Audit.

The vehicle can not compete if faults are found in Category 1				
Items	v OR F	Scrutineers comments if needed		
Category 1 Safety Critical				
1. Helmet/Overall	Driver	Occupant 1	Occupant 2	Occupant 3
2. Braking system				
3. Steering system				
4. Roll protection				
5. Wheels/ Tyres				
6. Suspension				
7. Seats				
8. Fuel tank and Filler				
Category 2 Safety Non Critical				
1. Exhaust System				
2. Chassis				
3. Throttle return				
4. Cockpit fittings				
5. Bodyshell				
6. Engine and Transmission				
7. Battery / cutout				
Non Safety Category 3				
1. Body Appearance				
2. Logbook				
3. Member card				