

**AIREDALE & PENNINE MOTOR CAR CLUB, CAR TRIAL**

**SUNDAY 16th July 2017**

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of The International Sporting Code of the FIA) and these Supplementary Regulations. Cheques should be made payable to Airedale & Pennine MCC and crossed.

**DECLARATION OF INDEMNITY**

I declare that 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 potential risk inherent with motorsport 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 the event are insured against loss or injury caused by their negligence.

State your age if under 18

Driver's signature .....Age .....

Passenger/2<sup>nd</sup> driver's signature .....Age .....

**THIS ENTRY MUST BE COUNTERSIGNED BY A PARENT/GUARDIAN FOR ANY OF THE PERSONS SIGNED ABOVE WHO ARE UNDER 18**

I understand that I shall have the right to be present during any procedure carried out under the Supplementary Regulations for this event and The General Regulations of the MSA. I confirm that I have acquainted myself with the MSA General Regulations and agree to pay appropriate charges and fees pursuant to those Regulations, (to include any appendices thereto) and hereby agree bound by those regulation, 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 to maxima set out in Section Z.

Name ..... Name .....

Relationship .....Relationship .....

Address ..... Address .....

.....

Signature ..... Signature .....

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Please complete IN FULL and send your entry to

Helen Toft 12 Egerton Grove, Allerton, Bradford BD15 8LB e-mail secretary@apmcc.co.uk

**DRIVER**

Name .....

Address .....

Telephone number ..... email .....

EXPERT / NOVICE APMCC Series contender  YES / NO Club .....

**SECOND DRIVER / PASSENGER**

Name .....

Address .....

Telephone number ..... email .....

EXPERT / NOVICE APMCC Series contender  YES / NO Club .....

**NEXT OF KIN**

Driver ..... Passenger .....

Emergency contact .....

CAR MAKE ..... MODEL .....

Class entered -----

**PLEASE ENCLOSE YOUR ENTRY FEE OF £15 PER DRIVER.**