



ENTRY FORM
THE HILLCLIMB AND SPRINT ASSOCIATION LTD
CURBOROUGH SPRINT
SATURDAY OCTOBER 7th 2017
Entries close on October 1st 2017

Please complete the following in BLOCK CAPITALS:

NAME OF ENTRANT (if applicable) _____

NAME OF DRIVER _____

ADDRESS (to which all correspondence may be sent) _____

_____ POST CODE _____

TELEPHONE (home) _____ (Mobile) _____

EMAIL ADDRESS _____

Please give a working e-mail address so that all correspondence can be sent electronically – saves printing and postage costs

HAVE YOU EVER HELD A ROAD TRAFFIC LICENCE? **YES/NO**

I AM MEMBER OF _____ CLUB H.S.A No, _____ EXPIRES _____

CHAMPIONSHIPS ENTERED _____

MY CAR IS TO BE SHARED WITH _____ WHO WILL RUN FIRST: **YES/NO**

NEXT OF KIN (to be contacted in case of an accident)

NAME _____ TELEPHONE _____

DETAILS OF CAR

CLASS ENTERED _____

MAKE _____ MODEL _____

REG No. _____ CUBIC CAPACITY _____ TURBO/SUPER CHARGED _____

IS THE CAR FITTED WITH A CAMERA - **YES/NO**

I HAVE / HAVE NOT COMPETED AT CURBOROUGH BEFORE

Please complete the relevant details on the reverse of this form and send with a cheque to the Entries Secretary as notified in the Supplementary Regulations. Entry fee is £85 (HSA members) and £90 (Non HSA members)
. If entering after the closing date I will try my best to accommodate you but you will incur a £5 late entry surcharge.
Please note that drivers sharing a car must submit an entry form each.

Cheques to Hillclimb and Sprint Association Ltd and send to Mrs Pat Toulmin, 4 Briery Lands, Snitterfield, Stratford-upon-Avon, CV37 0PP.

DECLARATION

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 and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks.

In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in the Event.

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39, **D25.1.14**, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and 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.

I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

ENTRANT'S SIGNATURE (if applicable) _____

ENTRANT'S LICENCE NUMBER (if applicable) _____

DRIVER'S SIGNATURE _____

DRIVER'S LICENCE TYPE _____ & NUMBER _____

AGE (if under 18) _____ If an entrant or driver is under 18 years of age this form must be countersigned below by the appropriate Parent or Guardian.

I declare that if I am the Parent/Guardian/Guarantor 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 Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

I _____ (full name) OF _____

_____ (address)

BEING _____ (relationship) TO THE ABOVE NAMED DRIVER,

CONFIRM THAT THE ENTRY IS MADE WITH MY CONSENT.

Signed _____ DATE _____