ENTRY FORM ALL-GIRLS MOTOR SPORT DAY July 18 2010 aem

Complete this form and send it to AEM, with payment - address details below.
Scanned email (prefer saved as PDF) or posted forms only - no faxes please.
Details may be used for direct promotion by AEM to entrants.

ENTRANT (*if the same as Driver, just fill in DRIVER section, below*)

Name _____

Address _____

_____ Postcode _____

DRIVER

Name _____

Address _____

_____ Postcode _____

Telephone - home _____ work _____

Fax _____ Mobile _____

Email _____

Date of birth _____ Occupation _____

Competition Licence number _____
LEAVE THIS LINE EMPTY IF YOU REQUIRE ONE

Issuing Club _____

DISCLAIMER - EXCLUSION OF LIABILITY RELEASE & ASSUMPTION OF RISK

I/We being the entrant/s and/or driver, certify that the particulars on this form are true and correct in every particular, to the best of my knowledge and belief.

I/We declare that I/we have read and understood the Supplementary Regulations issued for the event and agree to be bound by them and the provisions of the National Competition Rules of the Australian Auto-Sport Alliance Pty Ltd (AASA) - website: www.aasa.com.au.

In exchange for being able to attend or participate in the event (including entering the event), I agree: To release AASA, AEM, promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively the "associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;

That AASA, AEM and Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and to attend or participate in the event at my own risk.

I/we acknowledge that: The risks associated with attending or participating in the event include the risk that I may suffer harm as a result of: Motor vehicles (or parts of them) colliding with other motor vehicles, persons or property; Acts of violence or other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.

Motor sport is dangerous & that accidents causing harm can & do happen and may happen to me.
I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event, and being provided with the event services by AASA, AEM and the Associated Entities.

AUTOMOTIVE EVENTS MANAGEMENT
PO Box 1222, Subiaco, Western Australia, 6008
Tel: 9271 0101 Email: info@classicrally.com.au

VEHICLE DETAILS

Make _____

Model _____

Year _____ Colour _____

Engine capacity _____cc

Turbo or Supercharger? YES / NO

4-Wheel Drive? YES / NO

License type (*circle one*):

Full registration

Concessional License

Other (specify)_____

Number plate _____

BEFORE YOU SIGN

Check and tick each of the following:

1. I have read and understood the event Regulations. ☐ *Tick*
2. I understand my responsibility to pay for damage I cause. ☐ *Tick*
3. I have read the Entrants Understanding/ Indemnity at the left. ☐ *Tick*

SIGNATURES

Entrant _____

date _____

Driver _____

date _____

PARENT OR LEGAL GUARDIAN PERMISSION

To be completed by the parent or legal guardian of any driver who is under 18 years of age (minimum 16 yrs old).

I, being the Parent/Legal guardian of the driver named below agree to his/her entry to the event.

Name of Parent/Guardian

_____

Signature of Parent/Guardian Date

_____ _____

PAYMENT

Payment may be made in either of these two ways: Entries without payment will not be accepted.

BY CHEQUE - Cheques can be made out to AEM, and must be sent with this form. Pay $75.

BY CREDIT CARD - In which case, complete the section below. Note that a $1 credit card fee will be applied, so $76 will be deducted from your card. By signing below, you agree to this fee. Credit card type (circle) - VISA MASTERCARD

Card number - ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry - ___/___

Cardholders name - _____ Signature - _____