Superkhana Series

ENTRY FORM

KWINANA SUPERKHANA

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.

EVENT DATE _____ *Circle:* Morning or Afternoon

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 _____

ENTRANTS DISCLAIMER/ DECLARATION

I/We _____ of _____
being the entrant/s of the vehicle described on this entry form wish to enter that vehicle for the above mentioned meeting. I/We declare that the particulars on this form are true and correct in every particular, to the best of my/our knowledge and belief.

You are invited to seek legal advice before signing this document.

ENTRANTS AND DRIVER DISCLAIMER AND DECLARATION

I/We have read and understood the Supplementary Regulations issued for this meeting and agree to be bound by them and by the National Competition Rules of the Australian Auto-Sport Alliance Pty. Ltd. (AASA).

I/We know that motor sport is dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

I/We also acknowledge and agree that neither Australian Auto-Sport Alliance Pty. Ltd., nor the sponsor organisations, nor the land owners or lessees, nor the organisers of the event, nor their respective servants, officials, representatives or agents (all of whom shall be collectively called "the organisers"), shall be under any liability for my death, or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974.

Entrant's Signature: _____ Date: _____

Driver's Signature: _____ Date: _____

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 _____

YOU MUST TICK THESE BOXES

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 Disclaimer and Declaration at the left. ☐ *Tick*

CONSENT FOR ENTRANTS AND COMPETITORS UNDER 18 YEARS

I _____

being the parent/guardian of (please name):

_____

have read the whole of this document and consent to him / her participating. In doing so, I acknowledge that Motor Sport is dangerous, and agree that neither Australian Auto-Sport Alliance Pty. Ltd. nor the "organisers" shall be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by the above named minor, or by me, howsoever such death or bodily injury, loss or damage is caused by negligence or otherwise.

Signed: _____
SIGNATURE OF PARENT / LEGAL 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 $135.

BY CREDIT CARD - In which case complete the section below. Note that a $1 credit card fee will be applied, so $136 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 - _____

AUTOMOTIVE EVENTS MANAGEMENT
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