## SCARBOROUGH AND DISTRICT MOTOR CLUB

## PRE 65 SPORTING WEEKEND 2017

Date of Event	July 1st and 2nd July 2017
Permit No.	ACU 50574

Rider to o	<u>complete</u>								
Name	9		Club		ACU Membership Number				
Mach	ine		cc	Address	]				
	<u> </u>								
			<u>'</u>						
Tel. N	lo.								
			Please Ind	licate the clas	ss to be ente	<u>ered</u>			
Pre Unit 4 Stroke	Pre 65 Unit	Pre 65 Twin	Pre 65 2 Stroke	Pre 65 Rigid 4 St	Pre 65 Clubman	Post 65 Twin Shock	Air Cooled Mono	Post 65 Clubman	
■ The  ENTRY I  I hereby decla may be issued I further dec entering and I confirm tha I accept that be used in lit I consent to I consent to I confirm that for which I h I accept resplaces only entry into su I confirm that accessories entry into su I confirm that accessories entry into su I confirm that confirm that accessories entry into su I confirm that ACKNO becoming pec circuit owner suffer, the de I h	the ACU National Spot DECLARATI The that I have had the of the event, and agricare that I am physical its inherent risks and it I am not currently insurance arranged tigation as evidence details of any injurie the collection and reat the machine(s) as have entered, at if any part of the not that they will componsibility for any it. I understand that beequent events, at I have not been represented by the promoter, the ominant cause of an analyze read the above.	ON: I the unders opportunity to read, and see to be bound by them sically and mentally to day agree to be bound by them sically and mentally to day agree to accept the suspended from ACU on my behalf by the that any serious injures I may suffer at this etention of my persor described below which with the regulation of my persor and in the comply with the regulation or suffering some of the control of the con	igned apply to enter the digned apply to the same notwithstand. If to take part in the esame notwithstand permitted competite organisers of eventy will be principally sevent being passed all information by the highest on a public highward one in respect there the Organiser during out or replacement of the organiser during the organiser dur	are published annual me event in consideration in National Sporting Cooking that such risks notion or on the ACU Sit that I may enter sight the result of my volud between all medicane ACU. The on shall be suitable on shall be suitable on shall be suitable of any items lost or rulicence suspended, noticence suspended suspende	Illy in the ACU Harm In thereof: - Ille of the ACU, the AI In thereof: - Ille of the ACU, the AI In thereof: - Ille of the ACU, the AI In the ACU Harm In the Acu Har	CU Standing Regulations I confirm that I und note on the part of the of incurring a Concussi liability between the part of the Course. I purpose. I confirm that I und note in a high risk and lierk of the Course. I purpose. I confirm that I be insured as required in a sinclude but are not non-payment or non-regulated from any ACU could that by taking part in that negligence on the behalf were to be a conctivity.  In yown risk. I agree	erstand the nature organisers or official on injury. articipants. I understivity.  at I am eligible to corred by the Road Trrestricted to (safety blacement of items I ompetition.  I this event I am experiments of the ACU, antributory cause of	Regulations as have or and type of event I s. stand that this form no personal transfer or the machinaffic Acts, or equival clothing, transponde corrowed may affect posed to a risk of dealing event organiser, any serious injury I manded to the corrowed may affect the co	an nay ne: en ers my
		NDER AGE O				B years of age and o SON WITH PAR		PONSIBILITY	<u>.</u>
Date of B	irth of Rider	under 18 yea	ars of age						
participant, her I declare as fol include the risk either as a Con of the ACU, Staphotographs or	reinafter referred to llows: - I have read of death or permar npetitor or for Practi anding Regulations, r video films may be	as 'my child', accept d and understood the nent disablement. T ce. I accept that it is Supplementary Regu	that my child may p e "Acknowledgemen" The child does not so s my responsibility to alations and Final In	participate in the afore t of the risks of moto uffer from any physic o ensure that the chi astructions subsequer	ementioned meetin orsport" which appe cal, medical or men Id and I have had t otly issued and this	parent/person with p g. aars above. I apprecial tal disability which wou the opportunity to read Entry Form and that h ns. Photographs may	te the dangers inher ald make it unsafe for and understand the ne/she will comply w	ent in motorsport whor him/her to participe National Sporting Covith them. I accept t	ich ate ode ha
Signature of	Rider's <b>Parent, P</b>	erson with Pare	ntal Responsibi	ility:			Date:		
						requiring consent is de		al responsibility with	

Please name an Observer for Saturday..... or Sunday..... or Sunday.....