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AUCKLAND CAR CLUB RALLYSPRINT

P O Box 27063, Mt Roskill, Auckland, 1440

CLUBSPORT ENTRY FORM

DATE: SUNDAY 15 AUGUST 2010, HAMPTON DOWNS CIRCUIT

A Driver / Entrant Details:	
Driver's Name:	
Address:	
Contact Telephone:	Contact Cellphone:
Email Address:	
MALE / FEMALE	Competition Licence No:
Licence Exp Date: / /	
Financial Member of the following Motorsport NZ Member Club (name of club):	
Membership Exp Date: / /	
Required for statistical purposes	
Age Group (please circle appropriate):	Date of Birth: / /
Under 18	18-25
26-35	36-60
61 plus	
Entrant: <i>(to be completed in all cases if Entrant is other than the driver. Licence must be purchased from MotorSport NZ Inc prior to the event in question and presented at documentation – see supplementary regulations for details)</i>	
Entrant's Name:	
Address:	
Entrants Licence Number:	Licence Expiry Date: / /
Vehicle Details	
Vehicle Make:	Vehicle Model:
Colour:	Preferred Competition No:
Capacity in cc:	Log Book Number:
Certificate of Description <i>(Schedule K or T&C where applicable)</i>	
Class:	
GST Registration Number:	
Name of Person / Company / Team Registered:	
D: Passengers:	
Tick or enter YES if passenger will be under age	
E: Dual Driver	
Tick or enter YES if dual drivers entering	Name of dual driver:

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, **I agree** to save harmless and keep indemnified MotorSport New Zealand Inc. and its Member Car Clubs, all the owners and tenants of private property traversed, and the respective officials, fellow competitors, servants, representatives and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers specified notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the Inviting Club or MotorSport New Zealand Inc or any of their respective officials, servants, representatives or agents or by any other person.

2. Ability to Control a Vehicle Declaration by Driver:

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below and will be presented on request to an appointed scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

CATEGORY 1

Critical Safety

- Helmet and Overalls
- Seat(s) and Mountings
- Braking System
- Safety Harness
- Fire Extinguisher
- Steering System
- Roll Cage
- Wheels and Tyres

CATEGORY 2

Non-Critical Safety

- Engine and Transmission
- Power Unit Mounts
- Lubrication and Cooling Systems
- Battery
- Ignition Switch/Circuit Breaker
- Interior Cockpit Fittings
- Reverse Gear
- Throttle Return

CATEGORY 3

Non Safety

- Competition Numbers
- Sponsorship Decals
- Exhaust System
- Body Appearance and Aerodynamic Aids

I acknowledge that where any breach of the Safety Schedule is found during a Scrutineering Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:

I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Meeting or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of Driver:.....**Date:**

Signature of Entrant:.....**Date:**

Direct credit accepted. Deposit to account 01 0183 0055476 00 Please reference your full name.

If paying by credit card, fill in details below and mail to P O Box 27063, Mt Roskill, Auckland 1440 or fax to (09) 620-5247.

VISA

Mastercard

Name on Card: _____

*

Expiry /

* Please include Card Security Code. This is the 3 digit number appearing on the back of your credit card.