2019 CLEE HILLS TRIAL ENTRY FORM

Motorcycles

Will you be using a trailer?

Do you wish to be scrutineered on Saturday evening

Are you a NOVICE (i.e. is this your 1st or 2nd trial as a rider?)

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RIDER'S FULL NAME(Block capitals)					Class	
(Block capitals) Name for programme			Que	Queries		
ADDRESS						
Postcode		Tel No				
PASSENGER'S I	FULL NAME (if	applicible)				
					(5)	
					(Block capitals)	
Name for program	nme				_	
VEHICLE MAKE		MODEL			COLOUR	
ENGINE CAPACITY		CC REGISTRATION No CLASS				
DETAILS OF FRONT TYRE DETAILS OF					YRE	
MAKE	TYPE	SIZE	MAKE	TYPE	SIZE	
ACU Registration Nos Rider Passenger (if Applicable)						
E-Mail Address for	Finals & Results	S				
Are you attempting	to score points	in the ACTC Ch	nampionships?	YES / NO		
ACTC Championsh	nip No					
			.	0.40.50		
			Entry Fee	e £42.50 ^{Ist} or 2 nd trial a	s a rider) £32	
FEE ENCLOSED	Entry	£	`		,	
			and Automobile Clu End, Snitterfield, St	•		
Online payment b	oy Bank Transfe	r is available via	the MAC. Please se	ee Supplementa	ary Regulations 10.5	

For Official Use Only

Date Rec'd

YES / NO

YES / NO

YES / NO

This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook

ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof: -

I declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary

Regulations as have or may be issued for the event, and agree to be bound by them.

I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.

I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.

I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this

form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.

I consent to details of any injuries I may suffer at this event being passed between all medical services and the

Clerk of the Course. I consent to the collection and retention of my personal information by the ACU.

I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the

machines for which I have entered.

I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts. or equivalent

legislation, and that they will comply with the regulations in respect thereof.

I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.

I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I been excluded from any ACU competition.

ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I

may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session/Race, Trials or Enduro.

Participant's signature:		
Passenger's signature:	Please tick box if you are 18 years of age and over	
FOR PARTICIPANTS UNDER AGE OF 1 RESPONSIBILITY:	8, DECLARATION OF PARENT, PERSON WITH PARENTAL	
named participant, hereinafter referred to as 'my child', I declare as follows: - I have read and understood the 'inherent in motorsport which include the risk of death which would make it unsafe for him/her to participate and I have had the opportunity to read and understand Instructions subsequently issued and this Entry Form at child by officials dealing with safety issues or accident in ACU website or in ACU publications. Signature of Rider's Parent, Person with Parental Resp	the parent/person with parental responsibil accept that my child may participate in the aforementioned meeting. 'Acknowledgement of the risks of motorsport" which appears above. I appreciate the or permanent disablement. The child does not suffer from any physical, medical or neither as a Competitor or for Practice. I accept that it is my responsibility to ensure the the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulated that he/she will comply with them. I accept that photographs or video films may be taken for promotional purposes and may appropriate the parental properties of the ACU, Standing Regulations. Photographs may also be taken for promotional purposes and may appropriate the parental properties of the propriate the properties of the properties of the propriate the properties of the prop	e dangers mental disability nat the child ations and Final be taken of my opear on the
	Responsibility: Date:	
	guardian of a rider or passenger participating in a competition requiring cons	
ALL COMPETITORS please give serious accident	e name and contact details of a relative or friend i	in case of a
Name		
Telephone No	Mobile	