2020 - RIDERS & PASSENGERS SIGNING-ON FORM

Adults only

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679;
ACU House, Wood Street, Rugby, CV21 2YX, Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event: Straight line sprint Venue Westonzoyland

Organisers: NSA Date of Event: August 15/16th 2020

Permit No: ACU 58785 Course Licence/Cert No. (where applicable): 077

Declaration

- In consideration of being permitted to participate in this event I declare that I will be bound by the declaration on the event entry form.
- I also acknowledge and accept the Risks of Motorsport as shown on the said entry form.
- I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** and I consent to the collection and retention of my personal information by the ACU.
- I give permission for details of any injuries I may suffer during this event to be given to the Clerk of the Course.
- I confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that I am not suspended or my ACU Licence has not been suspended, and I have not been withdrawn from any ACU competition.
- I confirm that I am physically and mentally able to participate and am competent to do so.
- 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.

Covid-19

· I acknowledge the Organisers are operating this event in accordance with Government guidelines, advice and instruction so as to minimise the risk to Competitors, Marshals and Officials and the public from Covid-19.

· By participating in this event, I will take all necessary steps to protect myself and others from the risk of infection. I agree to follow and abide by any instructions set down by the Organiser in an effort to minimise the risk of the Covid-19 virus.

· I acknowledge and accept the underlying and unavoidable risk of infection from the Covid-19 virus.

NO.	NAME	SIGNATURE	IN CASE OF EMERGENCY (CONTACT NAME & NUMBER)