



ENTRY FORM

OFFICIAL USE ONLY

Class

Car No

EVENT: **RAC Double skid pan autotest**

DATE: **April 24 - 2016**

CLUB: **Triumph Sports Owners Association of Western Australia**

\$60 (members)
\$70 (non members)
Enclosed Entry Fee (Cash/Cheque)

Post cheques to address listed in sup regs.

COMPETITOR (Car Owner)

Name
Address
..... Post Code

EFT payments to Bankwest Triumph Sports Owners Ass
BSB: 306-010 Account: 4192921

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.

Phone
Day
Night

Competition License Numbers
.....
Expiry date:.....

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 Australian Auto-Sport Alliance Pty. Ltd., nor, nor the sponsor organizations, nor the land owners or lessees, nor the organizers of the race meeting/event, nor their respective servants, officials, representatives or agents (all of whom shall collectively be 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.
I/We acknowledge that motorsport is dangerous and accidents causing death, bodily injury, disability and property damage can, and do, happen.
I/We accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by AASA and the Associated Entities.

Mobile
.....
Email (please print clearly)
.....

Entrants Signature:Date:

Driver's Signature:Date:

DRIVER (Please include Given Name)

Name
Address
..... Post Code

Phone
Day
Night

Competition License Numbers
.....
Expiry date

Mobile
.....
Email (please print clearly)
.....

COMPETITOR'S SIGNATURE

DATE / /

PARENT/GUARDIAN CONSENT - PERSONS UNDER 18 YEARS OLD

I.
of [Address]
am the parent/guardian* of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/participating in* the event at his/her own risk.

Signed:Date:

Parent/Guardian* *Delete whichever does not apply

DRIVER'S CLUB
MEMBERSHIP NUMBER

DESCRIPTION OF CAR

PREFERRED NUMBER:	MAKE:	YEAR/MODEL:	CLASS:
COLOUR:	BODYTYPE:		REGISTERED NUMBER: