Application for a Licence to Compete in IOPD Authorised Mechanically Propelled Events

International Organisation of Professional Drivers
Authorised by the Secretary of State for the regulation of off-highway auto events (Under Statutory Instrument 1992 No.1370)

Conditions:

1. The signee of this application has read the rules and regulations governing these events and agrees to be bound by them.
2. This licence will be revoked immediately upon failure of the signee to observe all or any of the conditions stated herein.
3. The signee agrees to satisfy themselves of the preparation and condition of the course and accepts that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle.
4. The signee accepts the responsibility of monitoring all conditions that may materially change the fore mentioned and they participate of their own free will whilst knowing the risks involved.
5. The signee accepts that dangerous conditions plus dangerous, careless and inconsiderate driving plus high speeds plus the use of specially constructed vehicles may significantly increase the risk of being killed, permanently disabled or seriously injured.
6. The signee confirms 'That I have no known medical condition or injury (including sight impairment) that will affect my ability to control or direct the mechanically propelled vehicle with which I intend to participate'.
7. The signee confirms that 'Should I be aware of any medical condition or injury be it age related for motorcyclists, including prescribed medication or disability which may affect my ability to control or direct the mechanically propelled vehicle, I will present myself to the Chief Medical Officer or Clerk of the Course, prior to signing on for a final appraisal'.

I understand that my personal data is being retained solely for the purposes of staging and insuring this event and will be handled by the organisers in accordance with the IOPD data protection policy. The IOPD will not pass any of this data to a third party.

Signature of Holder ..... Date .....

Signature of Parent or Guardian (if under 18 years old) ..... Age if under 18 .....

PARTICIPANT'S NAME:

ADDRESS:

TELEPHONE NO:

EMERGENCY CONTACT NAME/TEL

IOPD LICENCE NO: (To be completed by the Organiser or the IOPD)

ISSUING ORGANISATION: (OR ORGANISATION AFFILIATED TO)

One Event ☐ Annual ☐ (For use at any IOPD Authorised event)

DATE OF ONE-DAY EVENT:

Please return to: ***The Secretary of the Organising Event***
or
The International Organisation of Professional Drivers Ltd.
Motor Sports Centre, Sandbed, Hebden Bridge, West Yorkshire HX7 6PT
Tel: 01422 843651 ***email: info@iopd.org.uk*** ***Fax: 01422 844171***

ANY PERSONAL INFORMATION GIVEN TO US WILL BE USED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998.