PARTICIPANT'S SIGNING ON FORM

Risk Recognition Declaration

Conditions:

1. It is accepted by the signee below that they knowingly intend to participate in a challenging and risky activity using mechanically propelled vehicles, recognised as such under the Road Traffic Act (Off Road) Regulations 1991. The Signee accepts that dangerous conditions plus dangerous, careless and inconsiderate driving plus high speeds plus the use of amateur constructed or modified vehicles may significantly increase the risk of being ***killed, permanently disabled or seriously injured.***

2. The Signee acknowledges that participation in this event entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to themselves, to property or to third parties. **It is understood that such risks simply cannot be eliminated without jeopardizing the essential qualities of this event.**

3. The Signee has satisfied themselves of the preparation and condition of their vehicle and the course and **do self certify** that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle. The signee accepts the responsibility of monitoring all conditions that may materially change the aforementioned and they participate of their own free will.

4. The Signee accepts that participation in this activity is purely voluntary and elects to participate in spite of the risks.

5. The Signee confirms that their vehicle has no known faults which may lead to a mechanical failure which could cause 3rd Party damage, injury or death & will use all appropriate Safety Equipment. They accept that a 'head cam' attachment could compromise my safety in a collision.

6. The Signee certifies that they have adequate insurance to cover damage caused or suffered whilst participating, or agrees to bear the costs of such damage to their vehicle and that they have no known medical condition which may be adversely affected by participating.

7. The Signee states that they have not taken any substance / medication which may affect their ability to control their vehicle.

8. The Signee has read the rules and regulations governing this event and has understood the above conditions and agrees to be bound by them and accepts that any breach of the regulations may leave them liable to prosecution and they are free to withdraw at any time without penalty.

9. The Signee accepts that the Organisers may use volunteer marshals in order to keep the costs of participating in this event affordable.

10. The signee authorises and permits the Organiser (and third parties connected with the event) to administer first aid and to authorise such other medical treatment and transportation as may be recommended by physicians, paramedics and other medical personnel, in the event of illness, accident or injury.

11. The Signee agrees to indemnify and hold harmless each of the Parties in respect of any loss or damage.

12. The Signee accepts that none of the involved parties shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event and forgoes all rights to compensation from driver /rider to driver/rider liability and Insurance. Nothing in this clause is intended to or shall be deemed to exclude or limit liability permitted by law.

13. 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.

Competition Licence Number …….. or tick if taking part in a non competitive event ☐

Signature _____ **Date** _____ **Age** (if under 18) _____

PARTICIPANT'S NAME	
ADDRESS	
POSTCODE	TELEPHONE
EMAIL	
EMERGENCY CONTACT NAME	
ADDRESS	
POSTCODE	TELEPHONE

PARENTAL AGREEMENT PARTICIPANT'S AGED UNDER 18

Participant's Date of Birth (if under 18 year of age) _____

I _____ (*Print Your Name*) the parent / guardian of the child named above (hereinafter referred to as 'My Child') understands that they wish to participate in todays event as per the date above.

I declare as follows:

1. That the date of birth given above is correct and My Child satisfies the minimum age for the type of event being entered.
2. That I am familiar with the nature of the competition and the risk inherent therein of being killed, permanently disabled, or seriously injured and that I have had the opportunity to inspect the course / track / circuit and its facilities before allowing My Child to sign on.
3. I am satisfied and content that My Child be allowed to participate and that he / she is competent to do so. I accept that the disciplines, life skills and stimulation outweighs the increased risks of injury which can not be eliminated without jeopardising the essential qualities of the activity.
4. My Child is not taking any medication (prescribed or otherwise) and / or any substance which may affect their ability or judgements in the control of the vehicle.
5. My child does not suffer from any physical disability or medical condition that would make it unsafe for him / her to participate as a competitor or which may be adversely affected by participating.
6. It is my responsibility to ensure that My Child and I have read and understand the General Regulations of the event and any applicable Supplementary Regulations, Entry Form and Final Instructions and that he / she will comply with them.
7. To the best of my belief My Child possesses the standard of competence necessary for an event of the type to which his / her entry relates and that the machine entered is suitable, safe and complies with the Regulations.
8. My Child has adequate insurance to cover damage caused or suffered whilst participating, or agrees to bear the costs of such damage to their vehicle.
9. I accept that the Organisers may use volunteer marshals in order to keep the costs of participating in this event affordable.
10. I authorise and permit the Organiser (and third parties connected with the event) to administer first aid and such other medical treatment and transportation as may be recommended by physicians, paramedics and other medical personnel, in the event of illness, accident or injury to My Child.

Signature (Parent / Guardian) _____ **Date** _____

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