## WEALD MOTOR CLUB Ltd Navigational Scatter Event

## ENTRY FORM \_\_\_\_/\_\_\_/20\_\_\_\_(ENTER EVENT DATE)

Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

DRIVER Name:		Club:		
Address:				
Postcode:	: Email:	Phor	ne:	
NAVIGATOR Name:		Club:		
Address:				
Postcode: Email:		Phone:		
CAR Make: Model:		Colour:	Reg. No:	
	Please make cheques pa	yable to the organising club as a	ppropriate:	
Maidstone & Mid Kent Motor		Club Ltd, Sevenoaks & District Motor Club Ltd.		
Please rea	ad and sign the following Declaration o	f Indemnity:		
(i)	I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and the Supplementary Regulations for this 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 acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.			
(ii)		I declare that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.		
DRIVER Signature		Date:	Age if under 18	
NAVIGATOR Signature		Date:	Age if under 18	
	and/or Navigator is under 18 years of			
DRIVER Parent/Guardian full name:				
			Relationship:Signature.	
			Relationship:	
IN CASE OF ACCIDENT, PLEASE INFORM: FOR DRIVER: Name:		Phone:	Phone:	
Address: _				
FOR NAVIGATOR: Name:		Phone:	Phone:	
Address:				