

SAMPLE CAR CLUB INC

NAME OF MEETING

DATE OF MEETING

ORGANISERS USE ONLY	
Group	Class
Entry Received	Allocated Comp No
Invoice #	

CLUBSPORT ENTRY FORM

Date of Meeting: _____		Class Entered: _____	
Sponsors: _____			
Driver #1			
First Name: _____		Last Name: _____	
Date of Birth: _____		Email: _____	
Postal Address: _____			
Physical Address: _____			
Contact Phone # 1 _____		Contact Phone # 2 _____	
Emergency Contact: _____		Phone: _____	
Licence Number: _____		Licence Expiry: _____	
Licence Grade: _____		_____	
Member Club: _____		Member Club Expiry: _____	
Civil Licence No: _____		Currently is your NZ Civil driver's licence disqualified? Y / N	
If yes, please advise why: _____			
Required for statistical purposes: (please circle appropriate):		First Time Driver (3 or fewer events) (please tick) <input type="checkbox"/>	
12-16 17-18 19-25 26-35 36-60 61 Plus		First Time Competitor at Venue (please tick) <input type="checkbox"/>	
Male / Female / Other		Foreign Participant on Non-MSNZ Licence (please tick) <input type="checkbox"/>	
Driver #2			
First Name: _____		Last Name: _____	
Date of Birth: _____		Email: _____	
Postal Address: _____			
Physical Address: _____			
Contact Phone # 1 _____		Contact Phone # 2 _____	
Emergency Contact: _____		Phone: _____	
Licence Number: _____		Licence Expiry: _____	
Licence Grade: _____		_____	
Member Club: _____		Member Club Expiry: _____	
Civil Licence No: _____		Currently is your NZ Civil driver's licence disqualified? Y / N	
If yes, please advise why: _____			
Required for statistical purposes: (please circle appropriate):		First Time Driver (3 or fewer events) (please tick) <input type="checkbox"/>	
12-16 17-18 19-25 26-35 36-60 61 Plus		First Time Competitor at Venue (please tick) <input type="checkbox"/>	
Male / Female / Other		Foreign Participant on Non-MSNZ Licence (please tick) <input type="checkbox"/>	
Entrant			
First Name: _____		Last Name: _____	
Phone: _____		Email: _____	
Postal Address: _____			
Licence Number: _____		Licence Expiry: _____	
Vehicle Details			
Vehicle Make: _____	_____	Vehicle Model: _____	_____
Year: _____	_____	Registration Number: _____	_____
Chassis Number: _____	_____		
Colour: _____	_____	Permanent Comp #: _____	_____
Transponder Number: _____	_____	Engine Capacity (cc's): _____	_____
Log Book No: _____	_____	Homologation No: _____	_____

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc. In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

I **acknowledge** that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above-mentioned event to MotorSport NZ and its officials.

MotorSport New Zealand - Public Liability Insurance Cover. All MSNZ events are covered by insurance cover. The insurance excess amount is \$3,500.00. Should circuit/property be damaged, competitor(s) will be liable to reimburse the organising Club for the damage incurred. Less the amount of monies recovered from the insurance company.

Signature of Entrant (if not a Driver):..... Date:

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO SUBMITTING ENTRY

Entry Submission	
Email to:	
Post to:	

Payment					
Entry Fee	\$	Late Fee	\$	Transponder	\$
Direct Credit to:					
Bank:					

OR complete the credit card details below:

Card No					-					-					-				Expires		
Name on Card																					
Signed																			Date		

Complete if GST Registered	
GST Registration No:	
Name of Person / Company / Team Registered:	