North Berks MCC Downland Classic Trial

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679
Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400

Event: **The Downland Trophy Trial** Date of Event: **19th November 2017** Permit No: **ACU 51662**

Venue: **Seymours Arena** Organiser: **North Berks MCC**

This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook

ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof: -

- I hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I further declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.
- I consent to the collection and retention of my personal information by the ACU.
- I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I been excluded from any ACU competition.

ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.
I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Trial.

Participant's signature: ..... Please tick box if you are 18 years of age and over ☐

FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION OF PARENT, PERSON WITH PARENTAL RESPONSIBILITY:
(COMPLETE IN BLOCK CAPITALS PLEASE) I ..... the parent/person with parental responsibility of the above named participant, hereinafter referred to as 'my child', accept that my child may participate in the aforementioned meeting.
I declare as follows: - I have read and understood the "Acknowledgement of the risks of motorsport" which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement. The child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate either as a Competitor or for Practice. I accept that it is my responsibility to ensure that the child and I have had the opportunity to read and understand the National Sporting Code of the ACU, Standing Regulations, Supplementary Regulations and Final Instructions subsequently issued and this Entry Form and that he/she will comply with them. I accept that photographs or video films may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications.

Signature of **Rider's** Parent, Person with Parental Responsibility Date:

Full Name & Address
xtract from NSC Article 7.14: *A parent or legal guardian of a rider participating in a competition requiring consent is deemed to bear mutual responsibility with that competitor.*

MAKE of MACHINE **MODEL** **cc** **Class No**

Class1 :	Rigids		-	Route 2 easy route
Class 2 :	Pre 1990 Mono Shocks Air Cooled			Route 1 hard route
Class 3 :	British Twin Shocks manufactured Pre 1975	""	-	Route 1 hard route
Class 4 :	British Twin Shocks Manufactured Pre 75	""	-	Route 2 easy route
Class 5	Twinshocks Manufactured Pre 1986	""	-	Route 1 hard route
Class 6	Twinshocks Manufactured Pre -1986	""	-	Route 2 easy route
Class 7	Specials – Machines which do not fit into above classes		-	Route 1 hard route

(Specials must have air cooled engines, Twin-Shocks and Drum brakes – Rigids must have rigid rear end)

Any of above Classes 1 - 7 wishing for an easier Ride can ride *Route 2

RIDER: *Surname*.....

First name(s).....

Address.....

.....

.....Postcode.....

Tel.....ACU Licence/ Trials Registration No.....

Name of ACU Affiliated Club of which I am a member.....

.....

E-mail address.....

PASSENGER: *Surname*.....

First name(s).....

Address.....

.....

.....Postcode.....

Tel.....ACU Licence/ Trials Registration No.....

Name of ACU Affiliated Club of which I am a member.....

.....

E-mail address.....

PLEASE RETURN ENTRY FORM TO: John Lightfoot Thimbles, Newmans Close, Upton, OXON OX119JA tele 01235 850486
Entry Fee - £22 Solo