



WARIALDA MOTOR SPORTS CLUB INC  
HUNTER RIVMASTA OFF ROAD 200 WARIALDA

Competition Number

# EVENT ENTRY FORM

Held under the International Sporting Code of the FIA and the National Rules of CAMS



Event: <u>WARIALDA OFF ROAD 200</u>	Date: <u>25TH &amp; 26TH SEPTEMBER 2010</u>
Scrutineering Venue: _____	Club Points Allocated to: <u>CNCSCC - CORC - HVORRA - KMORC - SORRA - WMSC</u>

**COMPETITORS** (as shown in Log Book)

**VEHICLE DETAILS**

Name: _____ <input type="checkbox"/>	Make: _____ <input type="checkbox"/>	Capacity: _____ <input type="checkbox"/>
Address: _____ <input type="checkbox"/>	Year Model: _____ <input type="checkbox"/>	Colour: _____ <input type="checkbox"/>
Postcode: _____ <input type="checkbox"/>	Body Type: _____ <input type="checkbox"/>	Log Book No.: _____ <input type="checkbox"/>
Phone No: ( ) _____ <input type="checkbox"/>	Engine Type: _____ <input type="checkbox"/>	

**DRIVER ONE**

**DRIVER TWO** (if applicable)

Name: _____ D.O.B: _____ <input type="checkbox"/>	Name: _____ D.O.B: _____ <input type="checkbox"/>
Address: _____ <input type="checkbox"/>	Address: _____ <input type="checkbox"/>
Postcode: _____ <input type="checkbox"/>	Postcode: _____ <input type="checkbox"/>
CAMS Licence No.: _____ <input type="checkbox"/>	CAMS Licence No.: _____ <input type="checkbox"/>
CAMS Licence Expiry Date: _____ <input type="checkbox"/>	CAMS Licence Expiry Date: _____ <input type="checkbox"/>
Club & Membership No: _____ <input type="checkbox"/>	Club & Membership No: _____ <input type="checkbox"/>
Contact No: ( ) _____ <input type="checkbox"/>	Contact No: ( ) _____ <input type="checkbox"/>
Email: _____ <input type="checkbox"/>	Email: _____ <input type="checkbox"/>
Next of Kin: _____ <input type="checkbox"/>	Next of Kin: _____ <input type="checkbox"/>
Phone Day: ( ) _____ <input type="checkbox"/>	Phone Day: ( ) _____ <input type="checkbox"/>
Private Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>

**NAVIGATOR ONE**

**NAVIGATOR TWO** (if applicable)

Name: _____ D.O.B: _____ <input type="checkbox"/>	Name: _____ D.O.B: _____ <input type="checkbox"/>
Address: _____ <input type="checkbox"/>	Address: _____ <input type="checkbox"/>
Postcode: _____ <input type="checkbox"/>	Postcode: _____ <input type="checkbox"/>
CAMS Licence No.: _____ <input type="checkbox"/>	CAMS Licence No.: _____ <input type="checkbox"/>
CAMS Licence Expiry Date: _____ <input type="checkbox"/>	CAMS Licence Expiry Date: _____ <input type="checkbox"/>
Club & Membership No: _____ <input type="checkbox"/>	Club & Membership No: _____ <input type="checkbox"/>
Contact No: ( ) _____ <input type="checkbox"/>	Contact No: ( ) _____ <input type="checkbox"/>
Email: _____ <input type="checkbox"/>	Email: _____ <input type="checkbox"/>
Next of Kin: _____ <input type="checkbox"/>	Next of Kin: _____ <input type="checkbox"/>
Phone Day: ( ) _____ <input type="checkbox"/>	Phone Day: ( ) _____ <input type="checkbox"/>
Private Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>

**ENTRY FEE: \$250.00 (ENTRIES LODGED AFTER 17TH SEPTEMBER WILL BE \$300.00)**

**EXTRA PIT: \$15.00 - QTY: \_\_\_\_\_ EXTRA CREW: \$15.00 - QTY: \_\_\_\_\_**

**TOTAL AMOUNT TO BE PAID: \_\_\_\_\_**

**READ AND SIGN DISCLAIMER ON BACK**

Post entry form to:

The Secretary Warialda Motor Sports Club Inc  
Po Box 86  
WARIALDA NSW 2402

**OFFICE USE ONLY**

Bank / Branch: _____	Cheque No.: _____
Amount \$: _____	Date Received: _____
Comments: _____	Cash: _____

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by S&CDCE on 05.02.2010

**DISCLAIMER**

(Disclaimer -13.rtf - Version February 2007)

**For competitors**

I/We being the competitor/s of the vehicle described on this Entry Form wish to enter that vehicle for the above event.

**For competitors and competing crew members**

I / We being the competitor/s and/or driver and/or co-driver and/or navigator, and/or pit crew, certify that the particulars on this form are true and correct in every particular, to the best of my/our knowledge and belief.

I/We declare that I/We have read and understood the Supplementary Regulations issued for the event, and agree to be bound by them and the provisions of the National Competition Rules of the Confederation of Australian Motor Sport Limited ("CAMS").

**In exchange for being able to attend or participate in the event (including entering the event), I agree:**

- to release CAMS and Australian Motor Sport Commission Ltd, promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law.
- that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- To attend or participate in the event at my own risk.

**I/We acknowledge that:**

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
- motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
- acts of violence and other harmful acts (wether intentional or inadvertent) committed by persons attending or participating in the event; and
- The failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities.

I understand that this disclaimer is not intended to exclude any valid claim I may have under the CAMS Personal Insurance Scheme.

**PLEASE PRINT NAME CLEARLY & SIGN BESIDE YOUR NAME**

Competitors Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Driver 1 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Driver 2 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Navigator 1 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Navigator 2 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 1 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 2 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 3 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 4 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 5 Name & Signature:	_____	<input type="checkbox"/>	Date: _____
Pit Crew 6 Name & Signature:	_____	<input type="checkbox"/>	Date: _____

**PARENT / GUARDIAN CONSENT - PERSONS UNDER 18 YEARS OLD**

I \_\_\_\_\_ of (Address) \_\_\_\_\_

am the parent/guardian\* of the above named ("the minor") who is under 18 years old.

I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in\* the event at his/ her own risk.

Signed: \_\_\_\_\_  Date: \_\_\_\_\_

Parent / Guardian \*

\* delete whichever does not apply