

EVENT MEDIA APPLICATION MANNUM



EVENT:	CLIVE DUBOIS MEMORIAL SHORT COURSE	DATE:	7th/8th September 2019
ORGANISING CLUB:	ADELAIDE BUGGY CLUB INC		

APPLICANTS DETAILS

NAME					
ADDRESS					
	TOWN		STATE		P/CODE
CAMS Media Licence No			MOBILE		
EMAIL					

EMERGENCY CONTACT

NAME		PHONE		RELATIONSHIP	
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VEHICLE DETAILS

MAKE		MODEL & COLOUR		REGO	
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ORGANISATION DETAILS

NAME OF MEDIA ORGANISATION	
EDITORS NAME	
EDITORS PHONE NUMBER	
WEBSITE	
FACEBOOK	

ACTIVITIES

	ON TRACK	OFF TRACK (eg PITS, PADDOCK, SPECTATOR AREA)	
PHOTOGRAPHY/VIDEOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	
JOURNALISM	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTELY PILOTED AIRCRAFT	<input type="checkbox"/>	<input type="checkbox"/>	
DAYS AT THE EVENT	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY

INTENDED USE (What do you intend to do with the images/footage)

<input type="checkbox"/> PRINTED MEDIA (Newspaper, Magazine etc)	<input type="checkbox"/> SOCIAL MEDIA
<input type="checkbox"/> WEBSITE	<input type="checkbox"/> SALE
<input type="checkbox"/> TEAM PROMOTION	<input type="checkbox"/> TV Production

PERMISSION

I give permission for the organising club of this event to:

use my images/footage in any promotional material for this event.

provide my contact details to teams, media outlets or other persons interested in purchasing my product.

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REMOTELY PILOTED AIRCRAFT (RPA)

CASA RPA Remote Pilot Licence (RePL) Number	
CASA RPA Operators Certificate (ReOC) Name	
Business / Trading Name:	
CASA RPA Operators Aviation Reference Number (ARN)	

I acknowledge and agree that motor racing is a dangerous sport and that neither Confederation of Australian Motor Sport Limited, nor the Organisers of the race meeting or event or any of their respective servants shall be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by me howsoever such death or bodily injury, loss or damage is caused whether by negligence or otherwise.

I willingly sign-on below for the balance of the race meeting specified above, under the following conditions:

1. I am aware of the dangers associated with motor racing
2. I have been instructed in my duties and am familiar with them.
3. I will at all times remain behind the protective barrier provided unless directed otherwise by my senior officials, or if my specific duties require it, and then only for the minimum time required to carry out those duties.
4. I will not move onto the racing track unless specifically directed to do so by the Circuit Management/Clerk of Course or his delegate.
5. I confirm that I am over 18 years of age
6. **I AGREE TO ATTEND THE MEDIA BRIEFING AND SIGN THE MEDIA SIGN ON SHEET AT EVENT HEADQUARTERS.**

Name	Signature	Date

**PLEASE RETURN COMPLETED FORM TO THE
EVENT SECRETARY**

saoffroadchampionship@gmail.com