





ORGANISERS USE ONLY	/
Group	Class
Entry Order	Allocated
Received	Comp No

# Pukekohe Car Club & South Auckland Car Club Manukau Auto Tyre Centre Maramaurua Clubmans Rally ENTRY FORM



# PLEASE RECORD THIS ENTRY FOR

A: Date of Meeting: 6 <sup>th</sup> September 2020		B: Class Entered:			
C: Sponsors:					
D: DRIVERS AND ENTRANT I	DETA	ILS			
Please print in block letters		DRIVER	CO-DRI	VER	ENTRANT
Last Name*					
First Names*					
Date of Birth*					
Email*					
Physical Address: Street / Town					
/ City					
Postal Address for Event details					
Telephone Contacts: Home					
Cellphone					
Emergency Contact: Name:					
Emergency Contact Phone:					
New Competitor Briefing:		se tick here if you are	Please tick here		
If contested less than three rallies attendance is compulsory	requ brief	ired to attend the ing:	required to atter briefing:	nd the	
Competition Licence No					
Licence Grade					
Expiry Date Of Comp. Licence					
Financial Member Of (Name Of Car Club)					
Civil Drivers Licence No:					
Currently is your NZ civil drivers licence disqualified?		Y / N	Y / N	N	
If YES, than you must sign a	a decl	aration at Documentatio	n as per NSC 43(	2)(b)	
Age Group of Drivers (Please Circle Applicable Group)	26	Under 19; 19-25; 6-35; 36-60; 60 Plus	Under 19; 26-35; 36-60		
Foreign Participant on Non- MSNZ Licence		Y / N	1 / Y	N	
E: VEHICLE DETAILS					
Vehicle Make*:		V	ehicle Model*:		
Engine Capacity (cc's)	Yea	r of Manufacture:	Colour of vehicle	e:	Registration No.
Log Book No.	Cha	ssis number*:			
F: PAST EXPERIENCE TO AS last three events entered]	SIST	_	cord here brief d		
Event:		Seeded:		Finish pos	
Event:		Seeded:		Finish pos	
Event:		Seeded		Finish pos	ITION:

### 1. Indemnity:

Signature \_

Date Entry Received: ...... / ...... / ......

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, rally 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).

## 2. Ability to Control a Vehicle Declaration by Driver:

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.

### 3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

### **Critical Safety Non-Critical Safety** Non Safety Helmet Engine & Transmission Bodyshell / Chassis Ballast (Security) Condition Head & Neck Restraint Mounts **Competition Numbers** Flexible Fluid Lines & Protective Clothing **Exterior Appearance** Registration & WOF Labels LVV / MSNZ Authority Card Hoses Panels / Covers Safety Harness Throttle Return (Failsafe) Doors LVV Plate Window Net(s) **Engine Starter Operation** Roll Bar / Safety Cage Windows Optional Equipment Reverse Gear Operation Wipers & Demisting Restrictor Fitment (36mm ID) Seat(s) and Mounts Exhaust System Fire Extinguisher Rear Vision Mirrors Oil Catch Tank(s) Aerofoils & Spoilers Wheels and Tyres Electrical Wiring Brake System Cockpit Construction / Ignition / Circuit Breaker Steering & Suspension Fittings Bulkheads Battery Systems • Lighting Systems Tow Eyes Fuel Tank(s) / Fillers / Lines Brake Lights Mudflaps Fuel / Oil / Brake Line Protection Rear Lights Tow Rope First Aid Kit / Safety Triangle **Auxiliary Lights** 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 consent to the details contained on this form being held by Rally New Zealand Ltd and/or the Inviting Clubs for the purpose of the promotion and benefit of the Rally Event(s) concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993. I also authorise the medical providers of the event to disclose medical information relevant to injury or illness sustained during the above mentioned event to MotorSport NZ and its officials. Signature of Driver: Date: ..... / ..... / ..... Signature of Co-Driver: Date: ..... / ...... / .......... Date: ..... / ..... / ..... Signature of Entrant: [For entry to be valid please ensure that all signatures are completed prior to posting] POST THIS ENTRY TO: Please make cheques payable to: *"* " Or Direct Credit to: - -OR EMAIL TO: Bank: **TAX INVOICE** GST No. Visa/Master/Bankcard Details (tick) Card Number Name of Card Holder Expiry Date\_

ATTENDANCE AT PRIZEGIVING	YES	
(For catering purposes)	NO	

FOR OFFICE USE ONLY

\_Amount \$\_\_

Receipt Number: