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| C:\Users\david\Desktop\Documents\crofterra 2012\logo new2.jpgSpring Tour 2022ENTRY FORM |

|  |  |
| --- | --- |
| **Driver** | **Co-Driver** |
| Full Name |  | Full Name |  |
| Address |  | Address |  |
|  |  |  |  |
|  |  |
|  |  |
| Postcode |  | Postcode |  |
| Tel |  | Tel |  |
| Email |  | Email |  |
|  |  |
| **Vehicle Details** |  |
| Make |  | Model |  |
| Year |  | Engine Size |  |
| Reg. No. |  | Colour |  |
| Entry Fee per crew of 2 @ £15.00Payable to; Highland Car Club Ltd.BACS Sort Code; 82-65-18, Account; 80290011  |

##### Declaration

“I declare that I have been given the opportunity to read the General Regulations of Motorsport UK and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.”

“I declare that the use of the vehicle hereby entered will be covered by insurance as required by law which is valid for such part of this event as shall take place on roads as defined by law.”

“I understand that should I at the time of the event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the Motorsport UK who have, following such declaration, issued a licence which permits me to do so.”

“I understand, at my discretion, that I am required to display either the numbered event Rally Plate or Sticker supplied.”

“I understand that due to Scottish Government/Motorsport UK COVID restrictions that running of the event could change at any time”

Insurance Declaration:

All vehicles must be insured for use on the public highway.

**I confirm that I am covered by a minimum of third party insurance for the duration of the event.**

I understand that should I at the time of the event be suffering from any disability whether permanent or temporary which

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| I confirm I have read and agree to the terms of the declaration |
| Signature of Driver |  | Age(if under 18) |  | Date |  |
| Signature of Co-Driver |  | Age(if under 18) |  | Date |  |

|  |
| --- |
| Consent of Parent or Guardian if Driver or Co-Driver is under 18 years of age. |
| Driver | Co-Driver |
| Full Name |  | Full Name |  |
| Address |  | Address |  |
|  |  |
|  |  |
| Relationship |  | Relationship |  |
| Signature |  | Signature |  |