

Permit No(s):

OFFICIALS' SIGNING-ON (UNDER 18 ONLY)

Organising Club:

To prevent compatibility issues please view this form with Adobe Reader

Event Name:		Event Date:	
	ACT IN AN OFFICIAL CAPACITY AT THE pe endorsed herein in respect of Officials		Written agreement of a
a Personal Accident Insurance an opportunity to read the Ger agree to be bound by them. I d	acity at this meeting and in consideration Policy for death or benefits as prescribent Regulations of Motorsport UK and, declare that I am physically and mentally any change in my condition occur which y duties.	ed more specifically by Motorsp if any, the Supplementary Reg y fit to carry out my duties and	ort UK. I have been given ulations for this event and that I will inform the
contact with anyone showing solution I do knowingly come into cont of the signs indicating that I mmy close contacts also do not a safely and notify the Secretary	g any symptoms of COVID-19 and have symptoms within the last 14 days, except act (except as a healthcare professional nay be infected I will immediately withdrattend. Should I become ill at or start to or of the Meeting by telephone / SMS account the event. In addition, I confirm that the st and trace.	ot as a healthcare professional.) with someone with COVID-19 raw from the event, notify Moto exhibit COVID-19 symptoms a ordingly including identification	If after submitting this form or if I start to exhibit any presport UK and ensure that the event I shall withdraw in of those others who I
Motorsport UK Guidance on CC	nent and Motorsport UK requirements ir DVID-19 in relation to Events has Regula tue of GR A.2.4. Breach of this obligation	atory status and to the extent a	pplicable shall supersede
risk inherent in motor sport an	nd the nature and type of competition and I will undertake my duties with their a at I am not suffering from any infirmity nt.	associated risks with due and p	oper regard for my safety
	y personal data is being processed solel infection tracing, and will be handled by sportuk.org/data-protection.		
I hereby agree to abide by all a Anti Alcohol and Drugs policie	applicable Motorsport UK Policies and G s.	uidelines including but not exc	lusively Safeguarding and
Name:	Motorsport UK	Email:	
Signature:	ID No:	Tel:	
3			
Parent/Guardian/Guarantor:		Email: Tel:	
Signature:	<u> </u>	Tet.	
Emergency Contact As Parent/	Guardian/Guarantor (Optional):		
Last Updated: 09 March 2	2021		

