

Date Received	VSCC Office use only	Entry ID Number	VSCC Office use only
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The Vintage Sports-Car Club Limited
Autumn Sprint
Rockingham, Mitchell Road, Corby, Northamptonshire, NN17 5AF
Saturday 21 October 2017
MSA Permit Number: 101349



Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these Supplementary Regulations.

Entry Form

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association 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 competition and the potential risk inherent with motor sport and agree to accept that risk.

I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this event.

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

If I am the Parent or Guardian, I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian, I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations and submit myself without reserve to the consequences resulting from these Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1.

I understand that should I at the time of this 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 ASN which has, following such declaration, issued a licence which permits me to do so.

I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am counter-signing as Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

I hereby agree to abide by the MSA Safeguarding Policy and Guidelines and the National Sporting Code of Conduct.

Entrant/ Driver Signature		Signature of Parent or Guardian if Driver is under 18 years of age	
Date of Signature(s)		Full name of Parent or Guardian	

ABOUT YOU

Driver's Name						
Owner's Name (if different from above)				Do you want the owner's name printed in the programme?	YES	NO
Address including postcode						
Daytime telephone number & mobile						
VSCC Membership Number			Email address			
Is this car being shared?	YES	NO	If so, with whom?			
Do you/have you ever held a valid RTA Driving Licence?	YES	NO	MSA Licence Number			
Type of MSA Licence	RACE	NON RACE	Grade of Licence	INT	A	B
Next of Kin in case of emergency	Name:		Relationship:	Number:		
Please give details of any recent marshalling duties for the VSCC						
Please give details of any recent rejections from VSCC events						
Will you be driving your competing car to the event?	YES	NO				
MENTORING SCHEME	I would like to become a Mentor			I would like to work with a Mentor to improve my knowledge		

