| Endurocks events 2020 Membership Application | | | | | |
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| APPLICANT Information | | | | | |
| Name: | | | | | |
| Date of birth: | IOPD Number: | | | Phone: | |
| Email: | | | | | |
| Current address: | | | | | |
| City: | County: | | | Post Code: | |
| RACE Information | | | | | |
| Race Class: | | | | | |
| Preferred Race Number: (Please give three in case): | | 1. | 2. | | 3. |
| Emergency Contact | | | | | |
| Name of emergency contact: | | | | | |
| Phone: | | | | | |
| Relationship: | | | | | |
| Signatures | | | | | |
| ***Conditions:***   1. The signee of this application has read the rules and regulations governing these events and agrees to be bound by them. 2. This licence will be revoked immediately upon failure of the signee to observe all or any of the conditions stated herein. 3. The signee agrees to satisfy themselves of the preparation and condition of the course and accepts that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle. 4. The signee accepts the responsibility of monitoring all conditions that may materially change the fore mentioned and they participate of their own free will whilst knowing the risks involved. **Sign**………………………………………..(over 70s)   The signee accepts that dangerous conditions plus dangerous, careless and inconsiderate driving plus high speeds plus the use of specially constructed vehicles may significantly increase the risk of being killed, permanently disabled or seriously injured in which Endurocks events and its owners cannot be held responsible.   1. The signee confirms that they are participating in these events under their own free will and if they feel unsafe at any time they will stop their machines and make their way back to the pits. 2. The signee confirms they understand the risks involved with this type of sport and do so at their own risk 3. The signee confirms ‘That I have no known medical condition (including sight impairment) that will substantially affect my ability to control or direct the mechanically propelled vehicle with which I intend to participate’. 4. The signee confirms that ‘Should I be aware of any medical condition be it age related for motorcyclists, including prescribed medication or disability which may affect my ability to control or direct the mechanically propelled vehicle, I will present myself to the Chief Medical Officer prior to signing on for a final appraisal’. | | | | | |
| Signature of applicant: | | | | Date: | |