

2023 MOTORCYCLE SPORT EVENT ENTRY FORM

AUTO CYCLE UNION	Road Race, Drag, Sprint, Hillclimb & Supermoto Events
BIKESPORT GB	Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk
Event:HILLCLIMB	Organisers:NHCA
Venue:WISCOMBE	Date of Event:23/09/2023
Permit No:201407	Course Lic/Cert No. (where applicable):058
	-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final and Code and Standing Regulations are published annually in the ACU Handbook.
ENTRY DECLARATION: I the undersigned apply to enter the eve I hereby declare that I have had the opportunity to read, and that I under Regulations as have or may be issued for the event, and agree to be bour I declare that I am physically and mentally fit to take part in the event entering and its inherent risks and agree to accept the same notwithstand I confirm that I am not currently suspended from ACU permitted competit I accept that insurance arranged on my behalf by the organisers of even form may be used in litigation as evidence that any serious injury will be p I consent to details of any injuries I may suffer at this event being passed I consent to the collection and retention of my personal information by the I confirm that the machine(s) as described below which I shall participate machines for which I have entered. I confirm that if any part of the event takes place on a public highway, th legislation, and that they will comply with the regulations in respect thereous I accept responsibility for any items borrowed from the Organiser dur transponders, accessories). I understand that I am liable for the cost of borrowed may affect my entry into subsequent events. I confirm that I have not been refused an ACU Licence, nor had an ACU Li have read and understood The Auto Cycle Union Ltd Data Protectio I declare that should I contract coronavirus in a ten day period prior to the guidance/advice as appropriate. ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPO permanently disabled or suffering some other serious injury and I acknow circuit owner, the promoter, the organising club, the venue owner, or any in may suffer, the dominant cause of any serious injury will always be my volur I have read the above and acknowledge that my participation in maby "signing on" at the designated place before taking part in any Picking and Passenger's signature: * For riders and passengers under 18 years of age - I accept the a Signature of parent or person with parental responsibility:	ent described above and in consideration thereof: - restand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary and by them. and I am competent to do so. I confirm that I understand the nature and type of event I am ing that such risks may involve negligence on the part of the organisers or officials. ion nor on the ACU Stop List as a result of incurring a Concussion injury. its that I may enter specifically excludes liability between the participants. I understand that this wincipally the result of my voluntary decision to engage in a high risk activity. between all medical services and the Clerk of the Course. ACU. I on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent of, ing the course of the event. These items include but are not restricted to (safety clothing, r replacement of any items lost or not returned and non-payment or non-replacement of items cence suspended, nor have I been excluded from any ACU competition. In Policy and consent to the collection and retention of my personal information by the ACU. The event taking place, I will not travel to or participate/officiate at the event and will follow Gov.UK In I understand that by taking part in this event I am exposed to a risk of death, becoming dividual carrying out duties on their behalf were to be a contributory cause of any serious injury I nearly decision to take part in a high risk activity. Potorsport is entirely at my own risk. I agree that I am required to register on arrival reactice Session or Race. If under 18 state date of birth*: If under 18 state date of birth*: If under 18 state date of birth*:
available for the duration of the meeting.	
RIDER Surname:	PASSENGER Surname:
First name(s):	First name(s):
Address: Post code	
Date of birth Tel:	Date of birthTel:
ACU Licence / Registration No:	
Name of your ACU Affiliated Club	Name of ACU Affiliated Club
(of which I am a member):	(of which I am a member):
Class Entered:	Transponder No
Contact details in case of emergency	
MACHINE	ENTRANT (if different from Rider)
Type / Class:	Company / Name:
Make:	Address:
Capacity:cc Stroke:	mm
Riding No preferred: (where option is	available) Entrant's Licence No: