

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:CASTLE	Date of Event:06/08/2023	
Permit No:201405	Course Lic/Cert No. (where applicable):142H	
 Instructions issued for the meeting. The ACU National Sportisms I the undersigned apply to enter the event I hereby declare that I have had the opportunity to read, and that I undersigned apply to enter the event 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 notwithstan. I confirm that I am not currently suspended from ACU permitted compet I accept that insurance arranged on my behalf by the organisers of event form may be used in litigation as evidence that any serious injury will be I consent to details of any injuries I may suffer at this event being passe. 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 participat machines for which I have entered. I confirm that if any part of the event takes place on a public highway, the legislation, and that they will comply with the regulations in respect therefore I accept responsibility for any items borrowed from the Organiser dutransponders, accessories). I understand that I am liable for the cost borrowed may affect my entry into subsequent events. I confirm that I have not been refused an ACU Licence, nor had an ACU I have read and understood The Auto Cycle Union Ltd Data Protection 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 acknowle circuit owner, the promoter, the organising club, the venue owner, or any imay suffer, the dominant cause of any serious injury will always be my volume. 	erstand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary and by them. It and I am competent to do so. I confirm that I understand the nature and type of event I am ding that such risks may involve negligence on the part of the organisers or officials. Ition nor on the ACU Stop List as a result of incurring a Concussion injury. Lents that I may enter specifically excludes liability between the participants. I understand that this principally the result of my voluntary decision to engage in a high risk activity. In detween all medical services and the Clerk of the Course. The ACU. The on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the end on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the end of the course of the event. These items include but are not restricted to (safety clothing, or replacement of any items lost or not returned and non-payment or non-replacement of items. Licence suspended, nor have I been excluded from any ACU competition. On 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. DRT: I understand that by taking part in this event I am exposed to a risk of death, becoming will will be a contributory cause of any serious injury I untary decision to take part in a high risk activity. Individual carrying out duties on their behalf were to be a contributory cause of any serious injury I untary decision to take part in a high risk activity. Interpretation to take part in a high risk activity. Interpretation to take part in a high risk activity. Interpretation to take part in a high risk activity. Interpretation to take part in a high risk activity.	
Rider's signature:		
Passenger's signature:		
* For riders and passengers under 18 years of age - I accept the above conditions of entry to this event and give my approval:-		
Signature of parent or person with parental responsibility:		

Forms are available from the organisers and the ACU. Their Parent or Legal Guardian must attend signing on with them and must be

available for the duration of the meeting.		
RIDER Surname:	PASSENGER Surname:	
First name(s):	First name(s):	
Address:	Address:	
Post code	Post code	
Date of birthTel:	Date of birthTel:	
ACU Licence / Registration No:	ACU Licence / Registration No:	
Name of your ACU Affiliated Club (of which I am a member):	Name of ACU Affiliated Club (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: Capacity:cc Stroke:mm Riding No. preferred: (where option is available) Entrant's Licence No: _____

Licensed Entrant's signature (if different from Rider): ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679; Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX. FORM C8-RR 2023