



APPLICATION FOR MOTORCYCLE TRAINING 2023 PREMIER INSURANCE

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 Tel: 01788 566400

Permit No:.....

Date of Event:.....

Chief Coach:.....

Venue:

The Training complies with Operating Procedures and Codes of Conduct agreed between the Auto-Cycle Union and the Training Establishment together with any specific local regulations which may be inspected upon request of the Chief Coach / Instructor

ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof: -

- I hereby declare that I have had the opportunity to read, and that I understand the operating procedures, codes of conduct and any local regulations that apply and agree to be bound by them.
- I further declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Instructor/Coach.
- I consent to the collection and retention of my personal information by the ACU.
- I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose
- I am happy to ride on bike provided by CFTS
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, , accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I declare that should I contract coronavirus in a ten day period prior to the event taking place, I will not travel to or participate/officiate at the event and will follow Gov.UK guidance/advice as appropriate.

ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session or Race.

I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** <https://www.acu.org.uk/Information/ACU-Data-Protection-Policy.aspx> and I consent to the collection and retention of my personal information by the ACU.

Participant's signature: Please tick box if you are 18 years of age and over

FOR PARTICIPANTS UNDER AGE OF 18, DECLARATION OF PARENT, PERSON WITH PARENTAL RESPONSIBILITY:

(COMPLETE IN BLOCK CAPITALS PLEASE) I the parent/person with parental responsibility of the above named participant, hereinafter referred to as 'my child', accept that my child may participate in the aforementioned meeting.

I declare as follows: - I have read and understood the "Acknowledgement of the risks of motorsport" which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement. The child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate in the Training Activity. I accept that it is my responsibility to ensure that the child and I have had the opportunity to read and understand the operating procedures, codes of conduct and any local regulations that apply subsequently issued and this Entry Form and that he/she will comply with them. I accept that photographs or video films may be taken of my child by officials dealing with safety issues or accident investigations. Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications. I will remain at the Training Venue throughout the Training session.

I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** <https://www.acu.org.uk/Information/ACU-Data-Protection-Policy.aspx> and I consent to the collection and retention of my personal information by the ACU.

Signature of **Rider's** Parent, Person with Parental Responsibility:..... Date:

Full Name & Address

Telephone number (preferably mobile) :

Extract from NSC Article 7.14: A parent or legal guardian of a rider or passenger participating in a training activity requiring consent is deemed to bear mutual responsibility with that competitor.

ENTRY DETAILS PLEASE FILL IN WITH BLOCK CAPITAL LETTERS

RIDER'S NUMBER: **CLASS:**.....

Surname: First name(s):

Address:

Postcode: Date of Birth: Age.....

Tel:.....

Email:.....

Next of Kin:..... **Contact number**.....