

Event Date: 13th April 2025

Event Venue: Marks Tey

Closing Date: 1<sup>st</sup> April 2025

Meeting Secretary: Julian Smith, Flat 5 Cumberland Court, Oaks Drive, Colchester, Essex CO3 3PR

julian r smith@btinternet.com Email:

07732 252646 **Telephone:** 

Sidecar competitors must complete this form and then **Post**, or **Scan & Email**, to the above address. Entry must arrive by the closing date

COMPETITOR DETAILS:							
Race No	Rider/Driver Name			Telephone		Email address	
Passenger Name			Date of Birth		Age	AMCA Licence N°	AMCA Club
Address							
Telephone (home) Telephone (mo			bile)		Email address		
EMERGENCY CONTACT (NAME) TELEPHONE			(HOME)		TELEPHONE (MOBILE)		

Motor Sport can be dangerous and may involve injury or death. You must read and agree to the declaration and paragraphs below DECLARATION the intention of which is to create a legally binding relationship in return for you being allowed to enter and compete.

- I confirm that the information in this entry form and the information and my acceptance of the terms of my 1.
- competition licence are correct 2. I confirm that I understand the nature of the competition I am entering and I am
- competent to take part.

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- I confirm that any machine I use will comply with the current AMCA Classic regulations and will be safe and fit for use in the competition.
  - Before Signing-On for the event, I confirm that I will
    - inspect the track, the venue facilities and geographical features and satisfy myself that it is safe for me to
    - participate.
      - b. read and be bound by the AMCA Terms and Conditions as declared on the Competitors Signing-On Sheet 5.
      - I confirm that I will not take part if I have any doubt about my ability, the track, the venue facilities or the safety of the venue.
  - I accept that competition in motor sport may involve the risk of injury or death and I agree to take part at my own risk.

- 8. I confirm that will not participate whilst under the influence of alcohol or intoxicating drugs and if I am taking any prescribed medication I will inform the event organiser and seek the relevant approval to participate before taking part.
- I confirm I have read and agree to be bound by the Entry Cancellation policy as defined in the Regulations for this event 9.
- 10. I confirm that I am aged 18 years or older.

Signature:

Date:

## **Behaviour**

The Officials of the meeting are all volunteers and they deserve to be treated with respect. Any rider who abuses any Official or ignores their instruction will be excluded from the rest of the meeting and subject to penalties as defined in the AMCA Rulebook. Riders are also responsible for the behaviour of any persons attending with them. Their behaviour will also render the rider liable to such action.

The riding of any motorcycle, minibike or bicycle in the paddock is not permitted on race day

<sup>6.</sup> I confirm that I will be bound by and comply with all current Classic and General regulations as issued by the AMCA, together with any supplemental and final 7 instructions issued by the AMCA, the event Officials, the organising Club, the circuit owners and or the Championship organisers.