Competition Number
For Race Secretary's Use Only

SOUTHLAND SPORTS CAR CLUB INC.

MARCH RACE MEETING
ENTRY FORM

PLEASE RECORD THIS ENTRY FOR

A	**Date of Meeting:** **Saturday 17 March 2018**	**B**	**Class Entered**
C	**Sponsors** (for program)**:**		**NZ Six Saloons** ☐ **Clubman Saloons** ☐ **Sports & Racing Cars** ☐ **A1 Auto Services One Hour** ☐

D Driver / Entrant Details:

Driver No. 1

First Time Driver (3 or fewer events) *(please tick)* ☐

First Time Competitor at Venue *(please tick)* ☐

Foreign Participant on Non-MSNZ Licence *(please tick)* ☐

Physical Address

Postal Address for Entry Details

Email Address

☎ - Home | ☎ - Business | ☎ - Mobile

Competition Licence No: | Expiry Date ..... / ..... / .....

Licence Grade: (please tick) ☐ **C1 Grade** ☐ **C2 Grade** ☐ **INT C Grade**

Financial Member of the following MotorSport NZ Member Club: (Name of club) | Club Membership Exp Date: ..... / ..... / .....

Currently is your NZ civil drivers licence disqualified? Y / N | *If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)*

Required for statistical purposes
Age Group (please circle appropriate): Under 19 19-25 26-35 36-60 61 plus | Date of Birth: ..... / ..... / .....

Emergency Contact: Name: | Relationship:

Contact Telephone Number:

Driver No. 2 (One Hour Race Only)

First Time Driver (3 or fewer events) *(please tick)* ☐

First Time Competitor at Venue *(please tick)* ☐

Foreign Participant on Non-MSNZ Licence *(please tick)* ☐

Physical Address

Postal Address for Entry Details

Email Address

☎ - Home | ☎ - Business | ☎ - Mobile

Competition Licence No: | Expiry Date ..... / ..... / .....

Licence Grade: (please tick) ☐ **C1 Grade** ☐ **C2 Grade** ☐ **INT C Grade**

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Emergency Contact: Name: | Relationship:

Contact Telephone Number:

CONTINUED OVERLEAF ⇨⇨⇨

Entrant: *(to be completed in all cases if Entrant is other than the driver. Licence must be purchased from MotorSport NZ Inc prior to the event in question and presented at documentation)*		
Entrant's Name		
Postal Address		
Email Address		
☎ - Home	☎ - Business	☎ - Mobile
Fax Number	Entrants Licence No.	Licence Expiry Date ..... / ..... / .....

E 1 **Vehicle Details**		
Vehicle Make & Model		Colour
Capacity in cc	Permanent Race No.	Transponder No.
Log Book No *(All vehicles)*		Certificate of Description *(Schedule K or T&C where applicable)*

F **Complete if GST Registered:**
GST Registration No:
Name of Person / Company / Team Registered:

CONTINUED OVERLEAF ⇨⇨⇨

1. Indemnity:
I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.
In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, **I agree** not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together **"the Indemnified Parties"**) in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:
I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:
I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

Critical Safety	Non-Critical Safety		Non Safety
• Helmet • Head & Neck Restraint • Protective Clothing • Safety Harness • Window Net(s) • Roll Bar / Safety Cage • Seat(s) and Mounts • Fire Extinguisher • Wheels and Tyres • Brake System • Steering & Suspension Systems • Fuel Tank(s) / Fillers / Lines	• Engine & Transmission Mounts • Flexible Fluid Lines & Hoses • Throttle Return (Failsafe) • Engine Starter Operation • Reverse Gear Operation • Exhaust System • Oil Catch Tank(s) • Electrical Wiring • Ignition / Circuit Breaker • Battery • Lighting Systems • Brake Lights	• Rear Lights / Rain Lights • Bodyshell / Chassis Condition • Exterior Appearance • Panels / Covers • Doors • Windows • Wipers & Demisting • Rear Vision Mirrors • Aerofoils & Spoilers • Cockpit Construction / Fittings • Bulkheads • Tow Eyes	• Ballast (Security) • Competition Numbers • Registration & WOF Labels • LVV / MSNZ Authority Card • LVV Plate • Optional Equipment

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:
I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.
I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of Driver 1:.....**Date:** ……

Signature of Driver 2:.....**Date:** ……

Signature of Entrant:.....**Date:** ……

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO POSTING
Note: If Driver and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent

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PAYMENT DETAILS –

FEES PAID (Please ☑)

Entry Fee	$230.00	☐	Late Fee	$50.00	☐
Entry Fee – One Hour Race Only	$215.00	☐	Transponder Hire	$40.00	☐

Note: SSCC Members competing in the Clubman Saloons and the Sports & Racing Cars may include $40 with their entry fee for inclusion in the SSCC Accident Assistance Fund.

POST THIS ENTRY TO: Secretary of the Meeting
Southland Sports Car Club Inc.
PO Box 543
Invercargill 9840

Ph: 03 2130522
Email: info@teretonga.org.nz

Please make cheques payable to *"Southland Sports Car Club Inc."*

Bank A/c Details: 03-1750-0196035-00 (*please use driver name as reference*)

Credit Card Details:

Visa/Master/Bankcard Details (circle)

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name of Card Holder_____Expiry Date_____

Signature _____Amount $_____

TAX INVOICE **GST NO: 49-621-531**

For Office Use Only

Date Entry Rec'd: ..... / ..... / ..... **Payment Type**: Chq/Cash/ Eftpos/Direct Credit **Payment Rec'd**: **$** ..... ……..