

# **SOUTHLAND SPORTS CAR CLUB INC** **STAR INSURE CLASSIC SPEEDFEST** **ENTRY FORM**

**Date of Meeting:** 17-19 February 2023

**Class Entered:** .....

Driver Details			
First Name: _____		Last Name: _____	
Date of Birth: _____		Email: _____	
Postal Address: _____			
Physical Address: _____			
Contact Phone # 1: _____		Contact Phone # 2: _____	
Emergency Contact: _____		Phone: _____	
Licence Number: _____		Licence Expiry: _____	
Licence Grade: <input type="checkbox"/> C1 Grade <input type="checkbox"/> C2 Grade <input type="checkbox"/> INT C Grade			
Member Club: _____		Member Club Expiry: _____	
Civil Licence No: _____		Currently is your NZ Civil driver's licence disqualified? Y / N	
If yes, please advise why: _____			
Required for statistical purposes: (please circle appropriate):		First Time Driver (3 or fewer events) (please tick) <input type="checkbox"/>	
12-16 17-18 19-25 26-35 36-60 61 Plus		First Time Competitor at Venue (please tick) <input type="checkbox"/>	
Male / Female / Other		Foreign Participant on Non-MSNZ Licence (please tick) <input type="checkbox"/>	
Entrant			
Entrants Name: _____			
Phone: _____		Email: _____	
Postal Address: _____			
Licence Number: _____		Licence Expiry: _____	
Vehicle Details			
Vehicle Make: _____	Vehicle Model: _____		
Year: _____	Registration Number: _____		
Chassis Number: _____			
Colour: _____	Permanent Race No.: _____		
Transponder No.: _____	Engine Capacity (cc's): _____		
Log Book No: _____	Homologation No: _____		
For Historic Vehicles Only			
Certificate of Description			
1. Tick appropriate box below to confirm which Appendix Six Schedule the vehicle complies with. .		2. In the appropriate box below to confirm the applicable period classification or group from the Schedule.	
Schedule K		Schedule K Period Classification	
Schedule T & C		Schedule T & C Group	
Schedule CR		Schedule CR period grouping	
Schedule RH		Schedule RH period grouping	
NOTE: Refer to the Appendix Six Section Three Vehicle Classification Part Two for assistance in completing this section of the entry form			
3. Year of Vehicle Manufacture: _____		Note: Actual year of completion of manufacture for this particular vehicle	

	<b>Critical Safety</b>	<b>Non-Critical Safety</b>	<b>Non Safety</b>
<b>RACE EVENTS</b>	<ul style="list-style-type: none"> <li>• Helmet</li> <li>• Head &amp; Neck Restraint</li> <li>• Protective Clothing</li> <li>• Safety Harness</li> <li>• Window Net(s)</li> <li>• Roll Bar / Safety Cage</li> <li>• Seat(s) and Mounts</li> <li>• Fire Extinguisher</li> <li>• Wheels and Tyres</li> <li>• Brake System</li> <li>• Steering &amp; Suspension Systems</li> <li>• Fuel Tank(s) / Fillers / Lines</li> <li>• Fuel / Oil / Brake Line Protection</li> <li>• First Aid Kit / Safety Triangle</li> </ul>	<ul style="list-style-type: none"> <li>• Engine &amp; Transmission Mounts</li> <li>• Flexible Fluid Lines &amp; Hoses</li> <li>• Throttle Return (Failsafe)</li> <li>• Engine Starter Operation</li> <li>• Reverse Gear Operation</li> <li>• Exhaust System</li> <li>• Oil Catch Tank(s)</li> <li>• Electrical Wiring</li> <li>• Ignition / Circuit Breaker</li> <li>• Battery</li> <li>• Lighting Systems</li> <li>• Brake Lights</li> <li>• Rear Lights</li> <li>• Bodysell / Chassis Condition</li> <li>• Exterior Appearance</li> <li>• Panels / Covers</li> <li>• Doors</li> <li>• Windows</li> <li>• Wipers &amp; Demisting</li> <li>• Rear Vision Mirrors</li> <li>• Aerofoils &amp; Spoilers</li> <li>• Cockpit Construction / Fittings</li> <li>• Bulkheads</li> <li>• Tow Eyes</li> <li>• Mudflaps</li> <li>• Tow Rope</li> <li>• Auxiliary Lights</li> </ul>	<ul style="list-style-type: none"> <li>• Ballast (Security)</li> <li>• Competition Numbers</li> <li>• Registration &amp; WOF Labels</li> <li>• LVV / MSNZ Authority Card</li> <li>• LVV Plate</li> <li>• Optional Equipment</li> <li>• Restrictor Fitment (36mm ID)</li> </ul>

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.

#### 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 above (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.

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 2020.

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.

#### 5. Insurance Excess

MotorSport New Zealand - Public Liability Insurance Cover. All MSNZ events are covered by insurance cover. The insurance excess amount is \$3,500.00. Should circuit/property be damaged, competitor(s) will be liable to reimburse the organising Club for the damage incurred. Less the amount of monies recovered from the insurance company.

Signature of Driver: ..... Date: .....

Signature of Entrant (if not a Driver): ..... Date: .....

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO SUBMITTING ENTRY



**CLASS ENTERED -**

Formula Ford ☐

Club Saloons ☐

Classic Saloons ☐

## Vintage Car Club – Separate Entry

Marquee Hire (6m x 3m) \$450.00 ☐

Extra Passes      \$20.00   ☐      No. required

**MERCHANDISE** (Please ☒)

Teretonga Park Cap \$25.00 ☐ No. required \_\_\_\_\_

## TAX INVOICE

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

**For Office Use Only**

**Date Entry Rec'd:** ..... / ..... / ..... **Type:** Cash / Eftpos / Bank Transfer      **Payment Rec'd:** \$ .....