ONCHAN RACEWAY

Stockcar Racing

33 BIRCH HILL AVENUE, ONCHAN , ISLE OF MAN IM3 4ES

Tel: 07624 388 401 / 07624 432 232

E-mail: onchanraceway@hotmail.com

DRIVERS LICENCE APPLICATION FORM

FULL NAM	1E	CAR NUMBER	
ADDRESS		CLASS TO BE RACE	ED
		LICENCE FEE £ 50.	
		DATE OF BIRTH	
TEL. NO		DATE OF APPLICATI	ON
E.MAIL AD	DRESS	OCCUPATION	
MOT	OR SPORTS CAN BE DANGEROUS AND MA	Y INVOLVE INJURY OR I	DEATH
	Read carefully before signing to en	nsure you agree.	
PLEAS	SE ANSWER YES OR NO TO ALL THE FOI	LLOWING QUESTIONS	
1. Do <u>y</u>	you suffer from epilepsy or sudden attacks of disabl	ing giddiness or fainting?	
	you without either hand or foot or suffering from a trol of muscular power in either arms or legs?	ny defect in movement or	
3. Are	you suffering from any disease - mental or physica	l – which is likely to cause	
you	to be a source of danger to others on the track or on	Stadium property ?	
4. Hav	re you suffered any neck injury in the last 5 years?		
5. Can	you read at a distance of 25 metres in good dayligh	at a car registration plate?	
6. Are	you colour blind ?		

DECLARATION:

- 1. The answers given by me in this licence application are true.
- 2. I fully understand the type of events which the licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
- 3. I will ensure that before I enter any event I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
- 4. I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track is acceptable to me with regard to its features and physical layout.
- 5. I will NOT enter or take part in any competition where I have a doubt as to my safety.
- 6. I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or become aware that I have become unable to compete due to physical or other disability.
- 7. I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk.
- 8. If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement on part two of this licence application.

I understand that it is an offence for an ONCHAN RACEWAY licenced driver to appear in a meeting on a track not recognised by the promoters ONCHAN RACEWAY LTD.

I further understand that if a licence is granted it is obligatory to study and understand the official regulations and raceway rules, and that no legal action can be taken against the promotion ONCHAN RACEWAY LTD, or any of its officials on any decision or matter connected with racing under the regulations of the promotion.

I also know and understand that I attend and drive at entirely MY OWN RISK.

I understand that the completion of this form contracts me to ONCHAN RACEWAY and its promotion. I understand that I am responsible for the removal of cars brought to the stadium and raced by myself, and that they must be taken away after each meeting, or removed the day following the said meeting.

SIGNATURE OF APPLICANT	DATE

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LICENCE FEE £50

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MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJU	JRY OR DEATH
PARENT / GUARDIAN DECLARA	TION AND AGREEMENT
You must read the answers given by the applicant and agree to before a licence can be issued.	o the terms below which create obligations on you
A) I(print name) am the Parent / Legal g	uardian of
B) I have read the application for a competition licence compleanswers.	eted by him / her, and confirm the truth of his / her
C) I confirm that he / she is competent to compete in motor sp that both he / she and I are aware of the dangers.	port events permitted by the licence applied for and
D) I will ensure that he /she complies with the declaration sign of his / her machine and the safety of the venue before allowing	
E) I also hereby AGREE that in consideration of you granting a from any cause whilst taking part in a competition and as a resorganisers or officials or sponsors or entrants or owners of the sum which you may be required to pay as a result of such clair	sult bring a claim for compensation against you or the evenue I WILL INDEMNIFY AND PAY BACK TO YOU any
Signed Date	
Address	

Reviewed 2nd January 2019