



OFFICIAL ENTRY
FORM
4th – 6th December 2009

ENTRANT/ Name:
OWNER: Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
AASA Licence No: Civil Licence No:

ENTRANT'S STATEMENT: I/We being the entrants of the vehicle described on this Form wish to enter that vehicle for the above event. I/We certify that the particulars on this form are true and correct in every particular, to the best of my/our knowledge and belief.

ENTRANT'S SIGNATURE: **Date:**

DRIVER: Surname: Given Name:
Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
Mobile: Email:
AASA Licence No:

CO DRIVER: Surname: Given Name:
Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
Mobile: Email:
AASA Licence No:



VEHICLE: Make: Model:
Year: Color: Engine Capacity (cc):
Permit / Registration No: Turbo: Yes No
4 Wheel Drive: Yes No
Modified: Yes No

**DISCLAIMER
EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK
ENTRANTS AND/OR COMPETING CREWS IN RALLIES**

For entrants

I/We being the entrant/s of the vehicle described on this Entry Form wish to enter that vehicle for the above event.

For Entrants and Competing Crew

I/We being the entrant/s and/or driver and/or co-driver and/or navigator, certify that the particulars on this form are true and correct in every particular, to the best of my/our knowledge and belief.

I/We declare that I/we have read and understood the Supplementary Regulations issued for the event, and agree to be bound by them and the provisions of the National Competition Rules of the Australian Auto Sport Alliance (AASA)

In exchange for being able to attend or participate in the event (including entering the event), I agree:

- to release AASA, promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- that AASA and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- to attend or participate in the event at my own risk.

I/we acknowledge that:

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
 - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.



- the route instructions should not be relied upon exclusively in estimating the degree of severity of any hazard which might be encountered, or the manner in which any section of the road is driven, whether shown in the route instructions or not, and that I/We have been advised to exercise caution in following these route instructions.

ENTRANT'S SIGNATURE: **Date:**

DRIVER'S SIGNATURE: **Date:**

CO-DRIVER'S SIGNATURE: **Date:**

For persons under the age of 18 years the following parent/guardian consent must be completed.

PARENT/ GUARDIAN CONSENT – PERSONS UNDER 18 YEARS OLD

I of (Address)
am the parent/ guardian* of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in* the event at his/her own risk.

Signed: **Date:**
Parent/Guardian*

* Delete whichever does not apply

ACCOMMODATION: Not included.

Entry includes:

- All competitive stages.
- Presentation Function - Sunday 6th December, 2009.
- AASA Personal Accident Insurance policy and AASA Combined Liability Insurance policies.
- Merchandise package.



MEDICAL DECLARATION

DRIVER: Surname: Given Name:
Date of Birth:/...../.....
Medical Conditions: (eg Asthma):.....
.....
Medications:
.....
Allergies:
.....

NEXT OF KIN:

Surname: Given Name:
Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
Mobile: Relationship:

NAME OF TWO PEOPLE WHO CAN BE CONTACTED IN CASE OF EMERGENCY:

PERSON 1 Surname: Given Name:
Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
Mobile: Relationship:

PERSON 2 Surname: Given Name:
Address:
Suburb: State: Postcode:
Telephone: (.....)..... Fax: (.....).....
Mobile: Relationship:

I acknowledge that my personal information will be processed in accordance with the AASA privacy policy which is available from the <http://australianautosportalliance.com/aasa/> and where I suffer from any injury, sickness or death during the Event, I consent to the release by health services of my personal health information to an authorised representative of AASA or the Event who may use it in the preparation and release within and outside Australia of accident or incident information and reports to interested parties for the purposes of accident investigation, accident prevention and safety activities, news services including broadcast services, or for the purposes of processing insurance claims.

DRIVER'S SIGNATURE: **Date:**



MEDICAL DECLARATION

CO DRIVER: Surname: Given Name:

Date of Birth:/...../.....

Medical Conditions: (eg Asthma):.....

.....

Medications:

.....

Allergies:

.....

NEXT OF KIN:

Surname: Given Name:

Address:

Suburb: State: Postcode:

Telephone: (.....)..... Fax: (.....).....

Mobile: Relationship:

NAME OF TWO PEOPLE WHO CAN BE CONTACTED IN CASE OF EMERGENCY:

PERSON 1 Surname: Given Name:

Address:

Suburb: State: Postcode:

Telephone: (.....)..... Fax: (.....).....

Mobile: Relationship:

PERSON 2 Surname: Given Name:

Address:

Suburb: State: Postcode:

Telephone: (.....)..... Fax: (.....).....

Mobile: Relationship:

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CO-DRIVER'S SIGNATURE: **Date:**



MEDIA INFORMATION FORM

Please complete with relevant Motorsport experience. If more space is required please attach further sheets.

DRIVER:

Surname: Given Name:

DOB: Marital Status:

Occupation/Business:

Hobbies/Interests:

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Motorsport Experience:

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CO-DRIVER:

Surname: Given Name:

DOB: Marital Status:

Occupation/Business:

Hobbies/Interests:

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Motorsport Experience:

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CAR HISTORY/INTESTING DETAILS:

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