

Straightliners Registration IOPD Licence Application Risk Recognition Form

Driving Licence No		No(s)	
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IOPD Authorisation No: 140039

WARNING – MOTORSPORT CAN BE DANGEROUS

I, the undersigned, apply to enter Straightliner Ltd event(s) and in consideration thereof:

I hereby declare that I have had the opportunity to read, and that I understand the Straightliners Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them. I further declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and the type(s) of event(s) I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials. I confirm that if any part of the event(s) takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Act, or equivalent legislation, and that it/they will comply with the regulations in respect thereof. I confirm that the machine(s) as described below which I compete on shall be suitable and proper for the purpose.

By acknowledging the risks of Motorcycle/Car events of this type, I understand that by taking part in this motorsport event I am exposing myself to the risk of becoming permanently disabled, suffering some other serious injury, or even death, and I acknowledge that even in the event that negligence on the part of IOPD, the promoter, Straightliners Ltd, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorsport is entirely at my own risk.

PLEASE FILL IN THE FOLLOWING IN CAPITAL LETTERS.

First Name: _____ Surname: _____

Signature: _____ Date of Birth: _____ / _____ / _____

House No/Name: _____

Street: _____

Town: _____

City: _____

County: _____ Postcode: _____

Tel No: _____ Email Address: _____

Emergency Phone No: _____ Emergency Contact Name: _____ Relationship: _____

Medical History: _____ Allergies: _____

Vehicle details:

Make and Model: _____ Year: _____

Capacity: _____

All details will be protected by the Data Protection Act.