

ENTRY INFORMATION

Competitor Name:		Preferred Race No:	
		Alternate Race Nos:	

CATEGORY ENTERED (CIRCLE)

Production Racing Cars	Touring Car Challenge
Muscle Division	Formula Tasman
RocketSports	LeMans Sports

CLASS ENTERED (WITHIN THE CATEGORY SPECIFIED ABOVE, IF UNSURE LEAVE BLANK)

COMPETITOR DETAILS

Competitor: _____ Ph: _____
 Address: _____ Mob: _____
 _____ Fax: _____
 Email: _____
 Sponsor: _____

DRIVER DETAILS

Driver: _____ Lic No: _____ Lic Type: _____ Ph: _____
 Address: _____ Fax: _____
 _____ DOB: _____
 Email: _____
 Emergency Contact: _____ Emergency Ph: _____

VEHICLE DETAILS

Make: _____ Year/Model: _____
 Colour: _____ Capacity: _____
 Logbook No: _____ Dorian No: _____

TV NOMINATION

Let us know if you would like to be featured in our coverage for this round or a future round:
 No thanks Yes Yes with own onboard Yes with data

COMPETITOR'S AND DRIVER'S DECLARATIONS / DISCLAIMER

For Competitors

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

For Competitors and Drivers

I/We being the competitor/s and/or driver, 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 Independent Race Series (iRace).

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

to release iRace and 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 iRace 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 can be dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by iRace and the Associated Entities.

Driver Signature:

Competitor Signature:

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.

* Delete whichever does not apply

Parent/Guardian*

Signature:

Date:

REFERRED BY

For first time iRace competitors, enter the name or the driver, team or person who referred you (if this is how you found out about iRace) and they will receive a small discount on their next entry:

PAYMENT DETAILS - ENTRY FEE: \$395 | GARAGE: \$100/ One Car Space or \$150/Full bay

Garage booking:

I require One Car Space / Full Bay / No Garage (delete as req'd)

Payment via:

Cheque/Money Order

Credit Card (details below)

Card Type:

Mastercard

Visa

Cardholders Name:

Expiry:

/

Card Number:

Signature:

Amount:

Return completed form to:

Independent Race Series, 5/73 Sheppard Street, HUME, ACT, 2620 or 02 6260 2544