Permit No. ACU	SOUTH	SHROPSHIRE MCC	Rider No.
204073		ce & Beginners Trial on 28 September 2024 ent will be an off road trial.	1
Officials of the Clerk of the co Club Steward Secretary of th	ourse Mark Wells Lic 73142 Gordon Lawley ne meeting Leueen Lawley	aven Arms Shropshire SY7 8DU	
The club will Regulations for Entry fees Venue and The method Course:	ar trials, these supplementary regulations and ar <b>£25.00 adults, £15.00 youths</b> . Ent <b>start time Hamperley Farm, Churc</b> d of marking for this trial will be TSR22 The trial will be of a sporting nature a		the start of the trial. of the the trial. <b>NO DAY LICENCE AVAILABLE</b>
~			
South Shrops	shire MCC		28 September 2024
South Shrop		Surname:	·
South Shrops		Surname:	·
South Shrop: First Name: Address:			Post Code:
South Shrops First Name: Address: Email:			Post Code:
South Shrops First Name: Address: Email: Club:		Phone No: _	Post Code:
South Shrops First Name: Address: Email: Club:		Phone No: _ Date of Birth if under 18:	Post Code:
South Shrops First Name: Address: Email: Club: ACU Affiliate	d Membership Number:	Phone No: Date of Birth if under 18: Machine:	Post Code:

Entry declaration: I the undersigned apply to enter the event described above and in consideration thereof: -

- I declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I 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 type
  of event 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 I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I
  understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to
  engage in a high risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.
- I have read and understood The Auto Cycle Union Ltd Data Protection Policy and consent to the collection and retention of my personal information by the ACU.
- I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the machines for which I have entered.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I been excluded from any ACU competition,
- I/we enclose the entry fee of: £\_\_\_\_\_

Acknowledgement of the risks of motor sport: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, 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.

Rider's signature:

If under 18 state date of birth\*: DOB\_

\* For riders under 18 years of age - I accept the above conditions of entry to this event and give my approval:-

Signature of parent or person with parental responsibility: \_