OFFICIALS' SIGNING-ON



Organising Club:		Permit No(s):	
Event Name:	Date:		
	F IN AN OFFICIAL CAPACITY AT THE I in respect of Officials under 18 yea	MEETING MUST SIGN BELOW. Written agreemers of age.	nt of a parent
Personal Accident Insurance Policy opportunity to read the General Re to be bound by them. I declare that immediately should any change in ability to carry out my duties. I ack exposed to the potential risk inher proper regard for my safety and the and/or organisation and/or conductions.	y for death or benefits as prescribed egulations of Motorsport UK and, if all I am physically and mentally fit to may condition occur which I have reknowledge that I understand the nather tin motor sport and I will under that of others. Further, I understand the of the event are insured against lot	of this the organising club(s) have effected for more specifically by Motorsport UK. I have been any, the Supplementary Regulations for this even carry out my duties and that I will inform the organ or ought to have reason to believe would a cure and type of competition and that as an official with their associated risks with direct all persons having any connection with the pass or injury caused through negligence. I declarate performance of my duties as an official of the	n given an ent and agree rganisers affect my cial, I may be ue and promotion re that I am
symptoms within the last 14 days, contact (except as a healthcare pro I may be infected I will immediate not attend. Should I become ill at	except as a healthcare professional ofessional) with someone with COVI ly withdraw from the event, notify Nor start to exhibit COVID-19 sympto	not knowingly been in contact with anyone sho. If after submitting this form I do knowingly cor D-19 or if I start to exhibit any of the signs indicatorsport UK and ensure that my close contacts at the event I shall withdraw safely and noticentification of those others who I have come into the c	me into cating that s also do fy the
UK Guidance on COVID-19 in relat	tion to Events has Regulatory status	mposed in respect of COVID-19. I understand the and to the extent applicable shall supersede the disciplinary action being taken (C.1.1).	-
-	on tracing, and will be handled by th	y for the purposes of running this Event and ma e organisers in accordance with Motorsport UK	-
I hereby agree to abide by all appl Anti Alcohol and Drugs policies.	licable Motorsport UK Policies and C	uidelines including but not exclusively Safegua	rding and
General Medical Council, must be hospital. Doctors must be compete	members of a recognised medical d ent in the field in which they are wo	s as medical officers must be fully registered wi efence organisation and be covered for work ou rking and must be aware that they are expected er performance of their duties (G15.1).	tside a
Name:	Motorsport UK ID No.:	Email / Tel (optional):	
		Date:	
Signature:		Date.	
Emergency Contact (optional):			
Name:	Postal code:	Tel (optional):	