



Official Use Only		
Fee Received	Accepted: P1 P2 P3	Competition Number



500 Owners Association
VSCC Oulton Park May 19th 2018
RACE ENTRY FORM

A separate entry form must be used for each car and each driver

Please use block capitals

Car Details:

Make of car Engine Make and Type

Type or Model Bore x Stroke & Cubic Capacity

Year 500OA VIF Number

Class - P1(1945-50); P2 (1951-53); P3(1954 on); I (invitation)

Entrant Details:

Entrant's Name

Entrant's Address
.....Post Code

Tel Number (home) Tel number (mob)

e-mail address

Driver Details:

Driver's Name

Driver's Address (if different to above)
.....Post Code

Tel Number (home) Tel number (mob)

e-mail address

Licence number Grade..... ASN

500OA Membership Number Preferred Race Number

Transponder Number

NEXT OF KIN DETAILS – PLEASE COMPLETE

In the event of a serious incident we can contact:

Name..... Telephone Number/s

Address

.....



GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS AND ENTRANTS

- I declare that I have been given the opportunity to read the General Regulations of The Motor Sports Association and, if any, the Supplementary Regulations for this 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 acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. I understand that motorsports can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risk may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptable of this entry I agree that neither one or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants. Representatives and agents (the 'Parties') shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law
- I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this event. I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached. I declare that the use if the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by law. If I am the Parent or Guardian of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.
- I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1.
- I understand that should I at any time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a license which permits me to do so. I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period. I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors and Officials Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarized myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am countersigning as the Parent or Guardian of a minor then in addition to the deem consent to the testing of that minor (UKAD Code Art 5.6.2_ I hereby confirm that I give such consent for the minor concerned to be so tested. I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

Signature of Entrant Age (if under 18)

Name in block Capitals Date.....

Signature of Driver..... Age (if under 18)

Name in block Capitals Date

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above, if signed by a person under the age of 18 years, must be countersigned by the person's parent or Guardian, whose full name and address must be given

Name of parent or Guardian

Full Address

.....

Signature of Parent or Guardian Date

Payment Details															
No entries will be accepted unless accompanied by the correct entry fee															
Payment by cheque made payable to: "The 500 OWNERS ASSOCIATION"															
By BACS to: The 500 Owners Association Ltd HSBC Bank, Studley; Sort Code 40-43-54; Account No 91003380 If paying by BACS please include your name and the code Oult18 in the reference section															
Payment methods															
1. I enclose a cheque for the total of: £240 per entry														£	
2. I have paid by BACS for the total of: £240 per entry														£	
3. Please debit my credit card for the total of: £240 per entry														£	
Card number															

Start date			/	Expiry date			/	3 digit security code			
------------	--	--	---	-------------	--	--	---	-----------------------	--	--	--

I authorise my card to be debited for the total amount indicated above:	Signed														

Completed Entry Forms, General Declaration, Driver/Car Background and payment should sent to:

Xavier Kingsland, 10 Donigers Dell, Swanmore, Hampshire, S032 2TL

Email: xavierkingsland@gmail.com Phone: +44 (0) 1489 891482

By the closing date 5th May 2018

500OA Cancellation Policy:

Cancellations up to 14 days before the race meeting – Full refund less £15.00 fee

Cancellations 13 days or less before the race meeting no refund