

Permit No(s):

Officials' Signing-On (Under 18 Only)

Organising Club:

To prevent compatibility issues please view this form with Adobe Reader

Event Name:		Event Date:	
ALL PERSONS APPOINTED TO ACT IN AN OFFICI parent or guardian must also be endorsed herein		MEETING MUST SIGN BELOW . Written agreement of a s under 18 years of age.	
a Personal Accident Insurance Policy for death of an opportunity to read the General Regulations agree to be bound by them. I declare that I am p	or benefits as prescribe of Motorsport UK and, physically and mentally	on of the organising club(s) having effected for my benefit ed more specifically by Motorsport UK. I have been given , if any, the Supplementary Regulations for this event and y fit to carry out my duties and that I will inform the ch I have reason or ought to have reason to believe would	
contact with anyone showing symptoms within I do knowingly come into contact (except as a h of the signs indicating that I may be infected I w my close contacts also do not attend. Should I b safely and notify the Secretary of the Meeting by	the last 10 days, exceptealthcare professional will immediately withd recome ill at or start to y telephone / SMS acc	not done so for 10 days. I have not knowingly been in pt as a healthcare professional. If after submitting this form (a) with someone with COVID-19 or if I start to exhibit any raw from the event, notify Motorsport UK and ensure that to exhibit COVID-19 symptoms at the event I shall withdraw ordingly including identification of those others who I he symptomatic person will as soon as practicable contact	V
Motorsport UK Guidance on COVID-19 in relatio	n to Events has Regula	mposed in respect of COVID-19. I understand that atory status and to the extent applicable shall supersede n may lead to disciplinary action being taken (C.1.1).	
risk inherent in motor sport and I will undertake	my duties with their a	nd that as an official, I may be exposed to the potential associated risks with due and proper regard for my safety or physical disability likely to affect the performance of my	у
- · · · · · · · · · · · · · · · · · · ·	and will be handled by	ly for the purposes of running this Event and may be used y the organisers in accordance with Motorsport UK data	
I hereby agree to abide by all applicable Motors Anti Alcohol and Drugs policies.	port UK Policies and G	Guidelines including but not exclusively Safeguarding and	
Name:	Motorsport UK	Email:	
Name.	ID No:	Tel:	
Signature:		Date:	
		Fmaile	
Parent/Guardian/Guarantor:		Email: Tel:	
Signature:			
Emergency Contact As Parent/Guardian/Guarant	tor (Optional):		
Lead Hedred 20 A 11 2024			
Last Updated: 26 April 2021			

