

TE AROHA DIRT KART CLUB

OFFICIAL INDEMNITY FORM

(This form must be completed in full each Race Meeting)

INDEMNIFICATION:

I **acknowledge and agree** to accept as a condition of race entry, that the Te Aroha Dirt Kart Club, Matamata Piako District Council, all sponsors and all or any members, officials or assistants of any of the above named and or known organisations or their respective servants, officials, representatives, or agents: shall not be under any liability for any death or bodily injury, loss or damage, which may be sustained or incurred as a result of my participation in any race meeting or event, howsoever such death or bodily injury, loss or damage is caused notwithstanding that such death, loss or damage may have been contributed to or caused by the negligence of the Te Aroha Dirt Kart Club or any of their respective officials, servants, representatives, or agents for by any other person.

DECLARATION BY APPLICANT:

I **declare** I am conversant with current Te Aroha Dirt Kart Club rules, regulations and sporting codes governing Kart Racing, and that I will abide by any supplementary regulations which apply and accept the directions and rulings by the Chief Steward of the day without losing my right to protest or appeal.

I **declare** that I have no medical condition that may impede my ability to drive a kart in competition or practice.

I **declare** that should I at the time of any event to be suffering from any disability of any kind, whether permanent or temporary which is likely to detrimentally affect my control of my kart or my fitness to drive, I will not participate.

I **declare** that I will not make use of drugs or prohibited substances as defined by the Intoxicating Liquor and Drug Regulations of the Te Aroha Dirt Kart Club.

I **declare** that all particulars supplied on this application form are true and correct.

I **declare** that I give consent to the collection of details in this application, including the medical declaration by the Te Aroha Dirt Kart Club for the purpose of membership record and medical assessment and for the Te Aroha Dirt Kart Club, funding agencies and sponsors if necessary. I acknowledge my right to access and correction of this information.

This consent is given in accordance with the Privacy Act 1993.

Kart number _____ Class(s) Racing in _____ / _____

Competitor Name _____ DOB (if under 18) ____ / ____ / ____

Address _____

Phone number _____ I.D. _____

I HAVE READ AND UNDERSTAND THE OBLIGATION OF THIS INDEMNITY FORM



Signature of

Competitor _____ **Date** ____ / ____ / ____

Drivers under the age of 18 (minors) must have parents' or guardians' signature approving conditions of entry, indemnification and declaration as stated above.

The witness is the only person to represent a minor at any judicial hearing. A parent or guardian signing on behalf of a minor must attend drivers' briefing and be in attendance at all times during the course of the day's competition.

Name of Parent or Guardian

Signature _____ **Date** ____ / ____ / ____

Signature _____ **Race Convener/Race Secretary**