

# 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 organizations, or their respective servants, officials, representatives, or agents: shall not be under any liability whatsoever 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 not withstanding 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 or by any other person.

## DECLARATION BY APPLICANT:

I **declare** I will be conversant with current Te Aroha Dirt Kart Club Rules, regulation and sporting codes governing Kart Racing, and that I will abide by any supplementary regulations which apply and the directions and rulings of the Chief Steward of the day without losing my right to 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 of prohibited methods such as are defined by the Intoxicating Liquor and Drug Regulations of Te Aroha Dirt Kart Club..

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

I **declare** that I give consent to the collection of the details in this application, including the medical declaration by Te Aroha Dirt Kart Club for the purpose of a membership record and medical assessment and for 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 Racing in** \_\_\_\_\_

**Name of Competitor** \_\_\_\_\_ **DOB(if under 18)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_ **N/O/Kin** \_\_\_\_\_ **I.D** \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE OBLIGATION OF THIS INDEMNITY FORM**

**Signature of competitor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email** \_\_\_\_\_

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

The witness is the only person to represent 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**