



Competitors Pre-Event sign on, Indemnity & Covid-19 self-Declaration

Organising Club: _____ Permit No(s): _____

Event Name: _____ Date _____

Declaration by all signatories.

I, the undersigned, have read the supplementary regulations issued for this event and agree to be bound by them, the International Sporting Code of the FIA and the General Competition Rules of Motorsport Ireland and any other regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland. I declare that I am physically and mentally fit to take part in the event and am competent to do so. I acknowledge the potential risks inherent with motor sport and accept that these risks may give rise to my suffering personal injury or other loss.

I am not currently experiencing any symptoms of COVID-19 and (except as a healthcare professional) to the best of my knowledge have not been in contact with anyone infected with COVID-19 within the last 14 days. If after submitting this form I do come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event, notify Motorsport Ireland, the club and ensure where possible, that my close contacts also do not attend. Should I become ill or start to exhibit COVID-19 symptoms at the event I shall withdraw safely and notify the Secretary of the Meeting by telephone / SMS accordingly including identification of those others who I have come into contact with at the event.

✓ Appropriate Box

YES NO

Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the last 14 days (i.e. less than 2m for more than 15 minutes accumulative 1 day)?		
If you have travelled abroad and returned to Ireland recently. Have you self-isolated for 14 days since returning? If this does not apply to you, do not answer the question.		

I the undersigned herewith declare that the above details are factually correct and true.

I agree to abide by all current Government, HSE and Motorsport Ireland requirements imposed in respect of COVID-19. I understand that Motorsport Ireland Guidance on COVID-19 in relation to Events has Regulatory status and to the extent applicable shall supersede the General rules and regulations. I understand that a breach of my obligations contained in this document may lead to being disqualified from the event and additional penalties.

To the best of my belief the driver(s) possess(es) the standard of competence necessary for the Event to which this entry relates and that the vehicle entered conforms to the Regulations of the Event. Where applicable the use of the vehicle hereby entered will be covered by insurance as required by law.

I agree that should I at the time of this Event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to Motorsport Ireland which has, following such declaration, issued a licence 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.

If I am the Parent/Guardian/Guarantor of the driver I have countersigned the competitor licence application and understand that I shall have the right to be present during any procedure being carried out under the Event Supplementary Regulations and the General Regulations and that I have acquainted myself and the minor with them, I agree to pay any appropriate charges and fees pursuant to those Regulations and agree to be bound by and submit myself without reserve to the consequences resulting from them (and any

alteration thereof). Further, I agree to pay any liquidated damages any fines imposed upon me up to the maxima set out in the event guidelines.

Note: Where the Parent/Guardian/Guarantor will not be present the Parent/Guardian /Guarantor must advise the organisers in advance, in writing, authorising their appointed representative to so act.

I have read and shall respect the regulations for Control of Drugs and Alcohol as contained in the General rules and regulations and have also fully familiarised myself with the information on the web sites referred to (www.wada-ama.org and www.motorsportireland.com) in particular the Sport Ireland Anti-Doping Rules which have been adopted by Motorsport Ireland. Further, if I am counter signing as the parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor. I hereby confirm that I give such consent for the minor concerned to be so tested.

I hereby agree to abide by all applicable Motorsport Ireland Policies and Guidelines including but not exclusively Safeguarding and Anti Alcohol and Drugs policies.

I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing, and will be handled by the organisers in accordance with Motorsport Ireland data protection policy: www.motorsportireland.com/data-protection.

I confirm I will bring all required documentation, licences etc., to the Event as usual and I understand that spot checks will be made with regard to documentation and technical checks.

RISK WARNING, DISCLAIMER, AND INDEMNITY

I understand that Motor Sport can be a dangerous recreational activity and there is at all times a significant risk of injury, disability, or death.

I acknowledge that the risks associated with attending or participating in Motor Sport include, but are NOT LIMITED to the risk that I may suffer harm as a result of motor vehicles (or parts of them) colliding with other motor vehicles, or persons or property; other participants acting dangerously or with lack of skills, high levels of noise exposure, acts of violence and other harmful acts (whether intentionally or inadvertently) committed by persons attending or participating in the event to ensure my safety.

I am participating in or attending this event at my own risk entirely and agree that neither any one of or any combination of Motorsport Ireland and its associated clubs, the organisers, competitors, the track/venue owners or other occupiers, owners or occupiers of adjacent lands and properties, the promoters and their respective officers, servants, representatives and agents shall have any liability for loss or damage or injury which may be sustained or incurred by me, including but not limited to exposure to Covid-19 or exposure to another person by me of Covid- 19, including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused arising from my participation or attendance at this event.

To the fullest extent permitted by law I agree to indemnify and hold harmless each of Motorsport Ireland, its associated clubs, the organisers, competitors, the track/venue owners or other occupiers, owners or occupiers of adjacent lands and properties, the promoters and their respective officers, servants, representatives and agents in respect of any loss, damage or injury whatsoever and howsoever arising from my participation or attendance in this Event.

I understand that:

- nothing in this document excludes, restricts, or modifies any statutory rights that I may have.
- nothing in this document prevents Motorsport Ireland from relying on any laws (including statute and common law) that limit or preclude their liability.

Important:

Motorsport Ireland may refuse to allow you participate if you do not agree to exclude, restrict, or modify your rights by signing this form. Even if you sign this form, you may still have further legal rights against the Motorsport Ireland.

Name:	Motorsport Ireland licence No. (If applicable).	Email / Tel:
Signature:	Parent/Guardian Signature:	Date:

Emergency Contact/ Next of kin.

Name:	Relationship:	Tel:
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