



ENTRY FORM

Galway Summer Rally August 27th 2017

DECLARATION OF INDEMNITY

(a) I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Competition Rules and Regulations of MI including the guidelines and regulations contained in Motorsport Ireland's Code of Conduct for Children's Sport. In consideration of the acceptance of this entry or of my being permitted to take part in this event I agree to save harmless and keep indemnified the County Galway Motor Club, Irish Automobile Club Ltd. t/a Royal Irish Automobile Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s) (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents. Furthermore, in respect of any parts of this event on ground where Third Party Insurance is not required by law, this Agreement shall in addition to the parties named above extend to all and any other competitor(s) and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s).

My age (driver) is (If applicable, state "over 18 years"). **My age (co-driver) is** (If applicable, state "over 18 years").

(b) I declare that to the best of my belief the driver(s), passenger(s) possess the standard of competence necessary for an event of the type to which this entry relates and that the car 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 of the car hereby entered is covered by Insurance as required by the Road Traffic Act, which is valid for such part of this event as shall take place on roads as defined in the Act.

(c) I understand that should I at the time of this event be suffering from any disability whether permanent, temporary or otherwise which is likely to affect prejudicially my normal control of my automobile, I may not take part unless I have declared such disability to MI, who have, following such declaration issued a licence which permits me to do so.

(d) I undertake that at the time of the event to which this entry relates I shall be in possession of a current certificate of medical fitness. In the case of MI Licence Holders, only certificates on the official MI or FIA Medical Forms will be accepted.

(e) Any indemnity and/or declaration as prescribed by sub-paragraphs (a) and (b) above which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full names and address shall be given. Furthermore, the parents and/or guardians of persons under 18 years of age shall grant permission to MI and the Irish Sports Council to carry out tests in accordance with the Irish Anti-Doping Rules (Rule No 139) in the following form: "I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules."

(f) I agree to abide by and be bound by the Motorsport Ireland Social Media Policy of conduct as per Appendix 126 of the current MI Yearbook.

Driver's Signature:

Date

Navigator's Signature:

Date

Drivers' Guardian Signature:

Date

Navigators' Guardian Signature:

Date

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If any of the above is under 18 years of age the above signature must be accompanied by signature of parent or guardian .

Entries Secretary:

Carmel Leonard

Phone / email:

086 - 8712733 ca.leonard08@gmail.com

Address:

Cloughan, Kilchreest, Loughrea, Co. Galway

Instructions:

Send your completed entry form with fee by post to entry secretary.

Driver's Details:

First Name: _____ Surname: _____

Address: _____

Telephone No: _____ Mobile: _____

E-mail: _____ Nationality: _____

Member of Club: _____ Licence Type: Int Nat A Nat B

Competition Licence Number: _____ Issued by: _____

IRDS No.: _____ IRDS Loading: _____

Next of Kin: _____ Contact Number: _____

Navigator's Details:

First Name: _____ Surname: _____

Address: _____

Telephone No: _____ Mobile: _____

E-mail: _____ Nationality: _____

Member of Club: _____ Licence Type: Int Nat A Nat B

Competition Licence Number: _____ Issued by: _____

Next of Kin: _____ Contact Number: _____

Car Details:

Make / Model: _____ Logbook No: _____
Registration No: _____ Year of Manufacture: _____
Colour: _____ Cubic Capacity: _____
Class: _____ FIA Homologation No: _____

Additional Information:

Are you registered for any of the following ; Please tick Yes or No

Triton National Championship: Yes No
Border Championship: Yes No
West Coast Championship : Yes No
Both crew Galway Motor Club members: Yes No
Both crew Birr Motor Club members: Yes No
Both crew Clare Motor Club members: Yes No
Both crew Kerry Motor Club members: Yes No
Both crew Limerick Motor Club members: Yes No

Service Vehicle Details;

Make: _____ Model: _____
Reg: _____ Colour: _____
Person in charge: _____ Contact No: _____

Recce Car Details:

Make: _____ Model: _____
Reg: _____ Colour: _____

SEEDING ORDER APPLICATION FORM:

Please enter below details of results achieved during the past two years.
This information is for your own benefit and if not received by the Organisers, they will have no choice but to place you at the end of the seeded entry.

	Car No.	Event	Overall Position	Position in Class
International Events				
National Events				
Placings in Championships				

Seeding request: 1 - 20 21 - 40 41 - 80 81 - 100 Over 100

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Payment Information

Main Field: Entry Fee Amount €799.00 including
Insurance Levy Amount €270.00

Junior Field: Entry Fee Amount €488.00 including
Insurance Levy Amount €188.00

Payment Amount Attached:

Cheque € _____

Postal Order € _____

Cash € _____