Application Form: Sidecar Taxi Rides Passenger

Venue: Brands Hatch Indy Circuit Permanent Course Licence: 006



Date: 6 th & 7	7 th October 20 In suppo		-		Sidecar at Brands Hatch Circuit nd (Charity No: 213308)
Declaration:	_	• • • •		nger on	n a Motorcycle and Sidecar outfit at the above
venue on:		AY 6 th OCTO			[Please select & tick one day only]
 And in consideration thereof: I declare I am both physically and mentally able to be a Passenger on a Motorcycle Sidecar Outfit without undue risk to others and that I will obey any instructions given by my Driver and/or Officials at the above venue. I understand the nature and type of activity that I am asking to take part in and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the Organisers or their Officials. I agree that I am required to register my arrival by "signing on" at the Race Office prior to my being conveyed as a Passenger. I accept that no Personal Accident Insurance cover is provided for me whilst taking part in this activity. I agree that details of any injuries I may suffer at the Venue may be passed to the Organisers by the Medics attending me. I also agree that if required by the Organisers I shall submit to a Medical examination by the Chief Medical Officer at the Venue to ascertain my suitability to take part and that his decision shall be final. 					
Acknowledgement of the risks of motorcycling: I understand that by participating in this charitable activity I am exposed to the risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the Auto-Cycle Union, the Organising Club, the Venue Owner, or any Individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to ride as a Passenger on a Motorcycle Sidecar outfit at the venue. I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part.					
Passen	ger's signature:.				Date:
If under 18 (note	:: Minimum age 16): state date of birth	and obtain furthe	r signature	re as per note below:
Note to Parents or Persons with Parental Responsibility I confirm I have legal responsibility for the Person named below and that I have read and accept the above conditions for my child to be a Passenger and I acknowledge specifically the risks of motorcycling. I accept and agree that photographs of my child may be taken during the activity and I will remain at the venue throughout their participation.					
Signa	ature:	F	Relationship:		Date:
Details of Part	<u>ticipant:</u>				
Surn	ame:		Fir	st Name(s	(s)
Address					
					Post Code:
Phone l	No:		Mobile		Email:
Emergency con	tact: Name:			.	Phone No:
Contribution to the BMCRC Benevolent Fund: Amount £					
(If you're en	Cash nclosing a cheque				/Debit Card (Payments will be taken prior to the meeting)
Card Details:					
Debit ☐ or Credit Card ☐ Expiry Date Security Code					
Return	to: BMCRC,	Unit D2, Seed	bed Centre,	Davids	son Way, Romford, Essex RM7 0AZ