

Important Notes for users of this Official MotorSport NZ Entry Form

1. *The following two pages are the Official MotorSport NZ Entry Form that is to be used for all manual entries to Rallies. **This form is only to be used if the entry has not been completed via the MotorSport Online system.***
2. ***The fields highlighted grey with an asterisk are compulsory** (driver and vehicle).*
3. *This Entry Form is supplied in Word Format to allow Meeting and Event Organisers to add in their club Logo and other pertinent Club and mailing details. In the Headings of the form we request that the MotorSport NZ logo is not removed. There is a lot of information required and it is difficult to keep this as a double-sided single sheet document. To assist in achieving this we recommend that you reset margins in page set-up to assist.*
4. *Provision exists under item A to add in the meeting dates.*
5. *The Indemnity and Declaration and Consent segment has been checked for legal correctness and application **it must not be changed.***

ORGANISERS USE ONLY	
Group	Class
Entry Order Received	Allocated Comp No

SAMPLE CAR CLUB INC

NAME OF RALLY

ENTRY FORM

PLEASE RECORD THIS ENTRY FOR

A: Date of Meeting:		B: Class Entered:	
C: Sponsors:			
D: DRIVERS AND ENTRANT DETAILS			
<i>Please print in block letters</i>	DRIVER	CO-DRIVER	ENTRANT
Last Name*			
First Names*			
Date of Birth*			
Email*			
Physical Address: <i>Street / Town / City</i>			
<i>Postal Address for Event details</i>			
Telephone Contacts: <i>Home / Cellphone</i>			
Emergency Contact: Name:			
Emergency Contact Phone:			
New Competitor Briefing: <i>If contested less than three rallies attendance is compulsory</i>	Please tick here if you are required to attend the briefing:	Please tick here if you are required to attend the briefing:	
Competition Licence No			
Licence Grade			
Expiry Date Of Comp. Licence			
Financial Member Of <i>(Name Of Car Club)</i>			
Civil Drivers Licence No:			
Currently is your NZ civil drivers licence disqualified?	Y / N	Y / N	
<i>If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)</i>			
Age Group of Drivers <i>(Please Circle Applicable Group)</i>	Under 19; 19-25; 26-35; 36-60; 60 Plus	Under 19; 19-25; 26-35; 36-60; 60 Plus	
Foreign Participant on Non-MSNZ Licence	Y / N	Y / N	
E: VEHICLE DETAILS			
Vehicle Make*:		Vehicle Model*:	
Engine Capacity (cc's)	Year of Manufacture:	Colour of vehicle:	Registration No.
Log Book No.	Chassis number*:		
F: PAST EXPERIENCE TO ASSIST WITH SEEDING [Record here brief details of seeding and finish order in last three events entered]			
Event:	Seeded:	Finish position:	
Event:	Seeded:	Finish position:	
Event:	Seeded:	Finish position:	

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, **I agree** not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, rally and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together **"the Indemnified Parties"**) in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:

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

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

Critical Safety	Non-Critical Safety		Non Safety
<ul style="list-style-type: none"> • Helmet • Head & Neck Restraint • Protective Clothing • Safety Harness • Window Net(s) • Roll Bar / Safety Cage • Seat(s) and Mounts • Fire Extinguisher • Wheels and Tyres • Brake System • Steering & Suspension Systems • Fuel Tank(s) / Fillers / Lines • Fuel / Oil / Brake Line Protection • First Aid Kit / Safety Triangle 	<ul style="list-style-type: none"> • Engine & Transmission Mounts • Flexible Fluid Lines & Hoses • Throttle Return (Failsafe) • Engine Starter Operation • Reverse Gear Operation • Exhaust System • Oil Catch Tank(s) • Electrical Wiring • Ignition / Circuit Breaker • Battery • Lighting Systems • Brake Lights • Rear Lights 	<ul style="list-style-type: none"> • Bodyshell / Chassis Condition • Exterior Appearance • Panels / Covers • Doors • Windows • Wipers & Demisting • Rear Vision Mirrors • Aerofoils & Spoilers • Cockpit Construction / Fittings • Bulkheads • Tow Eyes • Mudflaps • Tow Rope • Auxiliary Lights 	<ul style="list-style-type: none"> • Ballast (Security) • Competition Numbers • Registration & WOF Labels • LVV / MSNZ Authority Card • LVV Plate • Optional Equipment • Restrictor Fitment (36mm ID)

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:

I consent to the details contained on this form being held by Rally New Zealand Ltd and/or the Inviting Clubs for the purpose of the promotion and benefit of the Rally Event(s) concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I also authorise the medical providers of the event to disclose medical information relevant to injury or illness sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of Driver: **Date:** / /

Signature of Co-Driver: **Date:** / /

Signature of Entrant: **Date:** / /

[For entry to be valid please ensure that all signatures are completed prior to posting]

<p>POST THIS ENTRY TO:</p> <p>.....</p> <p>.....</p> <p>OR EMAIL TO:</p> <p>TAX INVOICE</p>	<p style="text-align: center;"><i>Please make cheques payable to:</i></p> <p style="text-align: center;">"....."</p> <p><i>Or Direct Credit to:</i> _____</p> <p><i>Bank:</i> _____</p> <p>GST No. _____</p>
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<p>Visa/Master/Bankcard Details (tick)</p>	
<p>Card Number <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Expiry Date _____</p>
<p>Name of Card Holder _____</p>	<p>Amount \$ _____</p>
<p>Signature _____</p>	

FOR OFFICE USE ONLY	
Date Entry Received: / /	Receipt Number: