

# TEIFI VALLEY MOTOR CLUB LTD

## RALI CILWENDEG RALLY

### 31<sup>ST</sup> OCTOBER / 1<sup>ST</sup> NOVEMBER 2009

Dare Rec.	Date Ack.	Ref. No.	Insurance	Amount Rec.	Cash Cheque	Class	Rally No
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PLEASE COMPLETE IN BLOCK CAPITALS

**DRIVER:** .....

Address.....

.....

Post Code .....

Telephone No. ....

E-Mail: .....

Club .....

MSA Comp. Licence No. ....

AWMCC Championship No: .....

Next of Kin.....

Address.....

.....

Telephone No. ....

**NAVIGATOR:** .....

Address.....

.....

Post Code .....

Telephone No. ....

E-Mail: .....

Club .....

MSA Comp. Licence No. ....

AWMCC Championship No: .....

Next of Kin.....

Address.....

.....

Telephone No. ....

**CLASS Entered** ..... **CAR Make / Model** ..... **Colour**.....

Actual Engine Capacity ..... Reg. No. ....

**SEEDING INFORMATION:** *Enter your highest placing giving event and date*

.....

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.....

**MARSHAL'S DETAILS:** *(Must be completed or entry will not be accepted )*

Name.....

Address .....

.....  ..... Telephone No. ....

**PREVIOUS EXPERIENCE:** *(please tick)*

Main Control    Section Start  Section Finish  Passage Control  Give Way

What sort of Control would you like to Man? .....

Can you man more than one Control? .....

*Held under the General Regulations of the Motor Sports Association (incorporating the provision of the International Sporting Code of the FIA) and the Supplementary Regulations.*

**REMEMBER TO FILL IN YOUR LABELS**

# RALI CILWENDEG RALLY 2009 – ENTRY FORM

I declare that:

1. I have been given an opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the event and the potential risk inherent with motor sport and agree to accept that risk.

3. The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

4. I understand that should I at any 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 the ASN which has, following such declaration, issued a licence which permits me to do so.

5. Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given.

6. If I am the Parent/Guardian/Guarantor of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Note: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

7. I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

Signed: ..... (Driver) .....(Navigator) Date .....

Age: ..... (Driver) .....(Navigator)

***If the Entrant is under 18 years of age, this form and a parental consent form must be signed by a parent or guardian, and parent or guardian must attend at signing on.***

This Entry is made with my consent:

Signature of Parent / Guardian..... Date .....

Relationship to Entrant .....

Address.....

..... Telephone No. ....

## **INSURANCE: \*IMPORTANT\***

Can you comply with the Lockton Declaration? **YES / NO. If No please complete proposal form.**

If on own Insurance, please give details below:-

Name of Insurer.....

Address.....

.....Policy No. ....

*Please complete this form in full and return to the*

*Entry Secretary:*

Meinir Davies

Hafangerdd

Rhos

Llandysul

Carmarthenshire

SA44 5EE

(01559) 370696

### **FEES**

Entry Fee @ £90 £.....

Insurance Premium @ £26 £.....

TVMC Membership @£10 each £.....

**TOTAL** £.....

Please make cheques payable to the Teifi Valley Motor Club Ltd

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## DECLARATION FORM FOR COMPETITORS THIRD PARTY ROAD RISKS

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1. I have not extended my Own Private Motor Insurance but require Cover under the Lockton Scheme.

I declare that :

- 1.1 I am over 21 years of age and held a full licence for at least 6 months.
- 1.2 I have had no more than 1 Fault Accident in the last 3 Years.
- 1.3 I have had no convictions other than a Maximum of 6 Speeding Points.
- 1.4 I have no Physical or Mental Disabilities.
- 1.5 I have no other Material Facts to Disclose (See Important Note below)

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If you are unable to comply with any of the above please explain why below providing full details of conviction codes/dates of conviction/fines etc and advise your name and address where indicated.

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Name: -----

Address: -----  
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### DATA PROTECTION

By signing this proposal form you consent to Lockton Companies International Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us and insurers (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where appropriate, in compliance with the relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

From time to time, we may disclose personal information (other than sensitive personal data) to other Lockton Companies. We or they may use that information to advise you of our services which may be of interest to you.

If you would prefer not to receive information, please tick this box

**IMPORTANT:**

**All Material Facts must be Disclosed. Material Facts are those likely to influence the Acceptance or assessment of your risk. Failure to disclose Material Facts may lead to the Insurer Declaring the resultant cover to be null and void. If you are in any doubt about facts that may be considered to be material these should be disclosed for your own protection.**

I understand that some of the information I have given may be made available to other Insurers and to credit Reference and other agencies for risk assessment claims handling and fraud prevention purposes.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this propos form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We hereby consent to the use and disclosure of information including personal data for the purposes of and as set out in the above paragraph entitled "Data Protection"

I declare that the statements made in this declaration are true and complete to the best of my knowledge and belief and all material facts have been disclosed. If any part of this declaration has been filled in by any other Person, such person shall be deemed to be my agent and not an agent of the Insurer. I agree that this declaration shall be incorporated into the contract between me and the Insurer. I further agree that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused motor vehicle insurance or continuance thereof.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**NB:** The Insurer reserves the right to decline any declaration or to impose special terms.  
Insurer: BRIT INSURANCE LIMITED

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A Division of Lockton Companies International Limited.  
Authorised and regulated by the Financial Services Authority.  
A Lloyd's Broker.  
LIM 338 – Sep 08  
Website: lockton.com/international



MOTOR SPORTS ASSOCIATION  
UNITED KINGDOM

**Parental Consent Authorisation**

Dear Secretary of Meeting,

I, (name) ..... , as legal Parent / Guardian / Guarantor of competitor / official  
(name) ..... hereby authorise (name) ..... to  
act as my representative at this event, to be signed on as the Parent / Guardian / Guarantor in  
accordance with MSA General Regulations A34 / B92

This authorisation is applicable to the following event:

Date: .....

Venue: .....

Organising club: .....

Signed:

Legal Parent / Guardian / Guarantor .....

Date: .....

Representative Parent / Guardian / Guarantor .....

Date: .....

Competitor .....

Date: .....