



ORGANISER'S USE ONLY	
Paid	Class
Date Received	Allocated Comp. No

**PUKEKOHE CAR CLUB**

PO Box 174  
Pukekohe

**MOTORKHANA ENTRY FORM ONLY**

**EVENT** .....

**DATE** ..... **CLASS ENTERED** .....

<b>A Driver / Entrant Details:</b>	
Driver First Name*:	Driver Last Name*:
Email Address*:	Date of Birth*:
Address:	
Telephone – Home:	Telephone – Mobile:
<b>MALE / FEMALE</b>	
Financial Member of the following <u>MotorSport NZ Member Club</u> :	Club Membership Exp Date:
(Name of club)	..... / ..... / .....
If not a member of a <u>MotorSport NZ Club</u> is this your first or second event? 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> = Join A Club <input type="checkbox"/>	
I wish to receive Pukekohe Car Club event and club updates via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Required for statistical purposes Age Group (please circle appropriate): Under 19    19-25    26-35    36-60    61 plus	
<b>Emergency</b> Name:	Relationship:
<b>Contact:</b> Contact Telephone Number:	
<b>B 1 Vehicle Details</b>	
Vehicle Make*:	Vehicle Model*:
Colour:	
Capacity in cc:	

**P.T.O.**

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

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 MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Meeting or Events 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 illness or injury sustained during the above mentioned event to MotorSport NZ and it's officials.

Signature of Driver: ..... Date: .....

**IMPORTANT NOTE**

If any of the above signatories are under the age of 16 years then they must produce a Junior Competition licence or have the following completed by an authorised person:

I, ..... of .....  
(full name) (address)

being the parent/ guardian of

..... do hereby consent to his/her participation in the event.  
(full name of underage competitor)

Signed: ..... Date: .....