



MOTOR MADNESS UK REGISTRATION FORM

OFFICE USE ONLY				
DATE:	17 / 06 / 18	EVENT		TRACK MANAGEMENT
CIRCUIT:	ROCKINGHAM	TIME		

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		TEL NO. (DAY):	
HOME ADDRESS:			
	POSTCODE:		
PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP		

PLEASE USE CAPITALS

Email address:

DO YOU WISH TO BE KEPT UPDATED WITH OFFERS OR EVENT INFORMATION FROM MMUK? (PLEASE TICK IF "YES")

DRIVING / PASSENGER ON ANY RACING CIRCUIT CAN BE DANGEROUS AND MAY INVOLVE INJURY OR EVEN DEATH
YOU MUST READ AND SIGN THE FOLLOWING DECLARATION AS A CONDITION OF YOUR PARTICIPATION IN THIS EVENT

IN SIGNING THIS REGISTRATION FORM I CONFIRM EACH AND EVERY ONE OF THE FOLLOWING:

- I am familiar with the nature of the motorsport activity which I am registering to undertake and acknowledge all of the risks which are inherent in undertaking such activity;
 - I am not suffering from any medical condition or disability which is likely to adversely affect undertaking such activity or which might otherwise make it unsafe (for me and/or for any other participant) to undertake such activity;
 - I acknowledge and accept that at all times I am solely responsible for any decision as to my fitness to undertake such activity and as to whether to continue and/or to discontinue in undertaking such activity.
- Any adult can go in to any of the vehicles at the event. Any persons under the age of 18 must be accompanied by a parent or accompanying guardian. An assumption will be made that the accompanying person is over the age of 18 acts a guardian.
- I will not make any claim against Motor Madness UK and/or the Circuit Operator (including any officers, directors, or other personnel engaged by either of them) in respect of any injury (or on my behalf) during the event PROVIDED THAT nothing shall be deemed to be any attempt by Motor Madness UK and/or the Circuit Operator to limit or exclude any liability which it (respectively) may have in respect of any personal injury or death which is caused as a result of the negligence of Motor Madness UK or the Circuit Operator (respectively).

Having read and signed this registration you are confirming that you are above the age of 18

SIGNED:		DATE:	
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To be completed if under 18 years of age:

I being the lawful parent/guardian of the above named and having read and understood the terms of this registration hereby sign this Registration Form by way of approval and undertake acceptance of the above on behalf of the above named.

SIGNATURE OF PARENT / GUARDIAN:		DATE:	
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