

Permit No(s):

Officials' & Marshals' Signing-On

Organising Club:

To prevent compatibility issues please view this form with Adobe Reader

| Event Name: | | | | | Event Da | ate: | | | |
|---|--|---|---|--|--|---|---|---|---|
| | Marshals who volun They must also sign | | | - | s by signing on | in orde | r to obta | in Personal Accident | |
| | an official capacity a nt Insurance Policy fo | | | | | | | ected for my benefit | а |
| | n an opportunity to to be bound by then | | eral Regulation | ns of Motorsp | ort UK and, if a | ny, the | Official [| Documents for this | |
| conditions that n | | to carry out r es. I will infor | my duties. I de m the Organis | clare that I ha ers immediat | ive not consum | ed any | substanc | mental health e which may adverse ndition occur which I | |
| | nat I understand the or sport and I will und | | | | | | | tial risk and dangers d for my safety and | |
| | tand that all persons d against loss or inju | | | | ion and / or oro | ganisatio | on and / | or conduct of the | |
| I hereby agree to | abide by all ASN Co | odes, Guidelin | nes and Policie | s and where a | applicable thos | se of the | FIA. | | |
| of running this E www.motorsport contacting the O MEDICAL PRACT General Medical | vent and will be han uk.org/data-protection rganisers and/or Moritioners. All doctor Council, must be me | dled in accordance on. I understatorsport UK been attending New Members of a re | dance with the and that I can ut that this ma Motorsport UK ecognised med | e Motorsport withdraw cor ay affect my a Events as me lical defence | UK Data Protections of the process o | etion Pol s my per an Office must be and be co | icy which rsonal da cial. fully regi overed for | sta at any time by stered with the r work outside a | |
| | such equipment as t | | - | _ | | | - | expected to provide | |
| Licence No: | | | Official's Ro | le: | | | Tel: | | |
| Full Name: | | | Signatu | ıre: | | | Date: | | |
| | read the above decla | | ices in case of | serious accid | ent) | | | | |
| Name: | | House No: | | Postcode: | | Tel: | | | |
| Parent/Guardian | Signature (If Officia | l is U18) | <u>'</u> | | • | | | | |
| Name: | 3 (| | | Signature: | | | | | |
| Last Updated: | 05 February 2024 | 1 | | | 1 | | | Version: 1.1 | |

