

Officials' & Marshals' Signing-On

To prevent compatibility issues please view this form with Adobe Reader

Organising Club:			Permit No(s):			
Event Name:			Event Date:			
	arshals who volunteer at an Eveney must also sign the following		themselves b	y signing on in orde	r to obta	in Personal Accident
I agree to act in an official capacity at this Event and in consideration of this the Organising Club(s) have effected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by the ASN.						
I have been given a be bound by them.	an opportunity to read the NCR	of Motorsport Ul	K and, if any,	the Official Docume	ents for th	nis Event and agree to
conditions that may	physically and mentally fit to c y affect my ability to carry out of y ability to carry out my duties. have reason to believe would a	my duties. I decla I will inform the	re that I have Organisers ir	e not consumed any nmediately should a	substan	ce which may
9	I understand the nature and ty sport and I will undertake my d					
	nd that all persons having any ong any ong any ong any ong ang ang ang ang ang ang ang ang ang a			n and / or organisati	on and /	or conduct of the
I hereby agree to a	bide by all ASN Codes, Guidelir	nes and Policies a	nd where ap	plicable those of the	e FIA.	
of running this Eve www.motorsportuk	ny personal data is being proce nt and will be handled in accor <u>corg/data-protection.</u> I underst anisers and/or Motorsport UK b	dance with the Mand that I can wi	lotorsport Uk thdraw conse	C Data Protection Poent to process my pe	licy whic ersonal d	h can be found at
General Medical Co hospital. Doctors m	IONERS. All doctors attending Nouncil, must be members of a remust be competent in the field inch equipment as they deem ne	ecognised medica n which they are	il defence org working and	ganisation and be co must be aware that	vered fo they are	r work outside a expected to provide
Licence No:		Official's Role:			Tel:	
Full Name:		Signature			Date:	
I confirm I have rea	ad the above declaration					
Emergency Contact	: (Required by Police Authority	in case of seriou	s accident)			
Name:	House No:	Ро	stcode:	Tel:		
Parent/Guardian Si	gnature (If Official is U18)					
Name:		Sig	nature:			
Last Updated: 2	11 March 2025					Version: 1.0

