Officials' Signing-On (Under 18 Only)

Please note this form is not compatible with Microsoft Word 97-2003

|  |  |  |  |
| --- | --- | --- | --- |
| Organising Club: | Click to enter text. | Permit No(s): | Click to enter text. |
| Event Name: | Click to enter text. | Event Date: | Click to enter text. |

**ALL PERSONS APPOINTED TO ACT IN AN OFFICIAL CAPACITY AT THE MEETING MUST SIGN BELOW**. Written agreement of a parent or guardian must also be endorsed herein in respect of Officials under 18 years of age.

I agree to act in an official capacity at this meeting and in consideration of the organising club(s) having effected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by Motorsport UK. I have been given an opportunity to read the General Regulations of Motorsport UK 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 carry out my duties and that I will inform the organisers immediately should any change in my condition occur which I have reason or ought to have reason to believe would affect my ability to carry out my duties.

I am not currently experiencing any symptoms of COVID-19 and have not done so for 10 days. I have not knowingly been in contact with anyone showing symptoms within the last 10 days, except as a healthcare professional. If after submitting this form I do knowingly come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event, notify Motorsport UK and ensure that my close contacts also do not attend. Should I become ill at or start to exhibit COVID-19 symptoms at the event I shall withdraw safely and notify the Secretary of the Meeting by telephone / SMS accordingly including identification of those others who I have come into contact with at the event. In addition, I confirm that the symptomatic person will as soon as practicable contact the NHS for the purposes of test and trace.

I agree to abide by all Government and Motorsport UK requirements imposed in respect of COVID-19. I understand that Motorsport UK Guidance on COVID-19 in relation to Events has Regulatory status and to the extent applicable shall supersede the General Regulations by virtue of GR A.2.4. Breach of this obligation may lead to disciplinary action being taken (C.1.1).

I acknowledge that I understand the nature and type of competition and that as an official, I may be exposed to the potential risk inherent in motor sport and I will undertake my duties with their associated risks with due and proper regard for my safety and that of others. I declare that I am not suffering from any infirmity or physical disability likely to affect the performance of my duties as an official of the event.

I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing, and will be handled by the organisers in accordance with Motorsport UK data protection policy: [www.motorsportuk.org/data-protection](http://www.motorsportuk.org/data-protection).

I hereby agree to abide by all applicable Motorsport UK Policies and Guidelines including but not exclusively Safeguarding and Anti Alcohol and Drugs policies.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Click to enter text. | | Motorsport UK ID No.: | Enter # | Email: | Optional |
| Tel: | Optional |
| Signature: | | Click to enter text. | | | Date: | Click to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian/Guarantor: | | Click to enter text. | Email: | Click to enter text. |
| Tel: | Enter # |
| Signature: | Click to enter text. | | | |

**Emergency Contact As Parent/Guardian/Guarantor (Optional):**

|  |  |  |
| --- | --- | --- |
| Click to enter text. | | |
| **Last Updated:** | **26 April 2021** |