

LAOIS RALLYSport CLUB



Heartlands Mini Stages Rally 4th June 2023



ENTRY FORM

DRIVER

FIRST NAME : _____ SURNAME: _____
ADDRESS: _____

EMAIL: _____
CLUB: _____ TEL: (HOME) _____ (MOBILE) _____
COMPETITION LICENCE NO: _____ ISSUED BY: _____
COMPETITION LICENCE EXPIRY DATE: _____

NAVIGATOR

FIRST NAME : _____ SURNAME: _____
ADDRESS: _____

EMAIL: _____
CLUB: _____ TEL: (HOME) _____ (MOBILE) _____
COMPETITION LICENCE NO: _____ ISSUED BY: _____
COMPETITION LICENCE EXPIRY DATE: _____

EMAIL ADDRESS FOR CREW: _____

CAR DETAILS

YEAR OF MANUFACTURE : _____ MAKE : _____
MODEL: _____ REG NO : _____
CUBIC CAPACITY: _____ CLASS ENTERED: _____

ENTRANT (ONLY COMPLETE IF YOU HAVE AN ENTRANTS LICENCE)

NAME: _____
ADDRESS: _____
TEL : (HOME) _____ (MOBILE) _____
ENTRANTS LIC NO: _____ ISSUED BY : _____

SERVICE VEHICLE

MAKE: _____ MODEL: _____
REG NO: _____ PERSON IN CHARGE: _____

SEEDING

WHO DO YOU THINK YOU SHOULD BE SEEDD NEAR? _____

1-25 () 26-50 () 51-75 () 76-100 () 101+ () AT ORGANISERS DISCRETION ()

PLEASE ENTER RESULTS BELOW ACHIEVED BY **NOMINATED DRIVER 2022 TO 2023**

EVENT	YEAR	POSITION O/A

DECLARATION OF INDEMNITY

~~(a)~~ I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Competition Rules and Regulations of MI including the guidelines and regulations contained in Motorsport Ireland's Code of Conduct for Children's Sport. In consideration of the acceptance of this entry or of my being permitted to take part in this event I agree to save harmless and keep indemnified the Laois Motorsport Club Ltd t/a Laois Rallysport Club, Laois County Council, Irish Automobile Club Ltd. t/a Royal Irish Automobile Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s) (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents. Furthermore, in respect of any parts of this event on ground where Third Party Insurance is not required by law, this Agreement shall in addition to the parties named above extend to all and any other competitor(s) and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s).

My age (driver) is (if applicable, state "over 18 years").

My age (co-driver) is (if applicable, state "over 18 years").

~~(b)~~ I declare that to the best of my belief the driver(s), passenger(s) possess the standard of competence necessary for an event of the type to which this entry relates and that the car entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

I declare that the use of the car hereby entered is covered by Insurance as required by the Road Traffic Act, which is valid for such part of this event as shall take place on roads as defined in the Act.

~~(c)~~ I understand that should I at the time of this event be suffering from any disability whether permanent, temporary or otherwise which is likely to affect prejudicially my normal control of my automobile, I may not take part unless I have declared such disability to MI, who have, following such declaration issued a licence which permits me to do so.

~~(d)~~ I undertake that at the time of the event to which this entry relates I shall be in possession of a current certificate of medical fitness. In the case of MI Licence Holders, only certificates on the official MI or FIA Medical Forms will be accepted.

~~(e)~~ Any indemnity and/or declaration as prescribed by sub-paragraphs (a) and (b) above which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full names and address shall be given. Furthermore, the parents and/or guardians of persons under 18 years of age shall grant permission to MI and the Irish Sports Council to carry out tests in accordance with the Irish Anti-Doping Rules (Rule No 139) in the following form:

"I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules."

(f) I agree to abide by and be bound by the Motorsport Ireland Social Media Policy of conduct as per Appendix 126 of the current MI Yearbook

Indemnity Clause must be signed for valid entry

Signed Entrant: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

Signed Driver: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

Signed Co Driver: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

Who to contact in the event of a Serious Accident:

DRIVER

CO-DRIVER

Name	Name
Address	Address
Phone Number (Home):	Phone Number (Home):
Phone Number (Mobile):	Phone Number (Mobile):
Relationship:	Relationship:

THE CLUB RESERVES THE RIGHT TO REFUSE ENTRY WITH OUT ASSIGNING A REASON

Entry FEE

PLEASE COMPLETE THE FORM BELOW.

<p>I WISH TO MAKE A FULL PAID ENTRY</p> <p>FULL ENTRY FEE ENCLOSED WITH APPLICATION: €675.00</p> <p>SELECT PAYMENT METHOD: Paypal <input type="checkbox"/> Card. <input type="checkbox"/></p> <p>Bank Transfer: Bank of Ireland, Mountrath</p> <p>BIC: BOFIE2D. IBAN: IE80BOFI90182991572759</p> <p>PRINT NAME: _____ SIGNED: _____</p>
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Please return all three pages completed, along with payment, to the Rally Entries Secretary.

Closing Date: Wednesday 24th May 2023.

Louise Moffitt

Raheen

Portlaoise

Co Laois.

Phone: 0870903664

Email: lou.moffitt59@gmail.com