

## CAMATHIAS CUP / BOL D'OR CLASSIC Magny Cours (France) 12th, 13th & 14th September 2014

Permit ZUE N°

Entries will not be accepted unless accompanied by this document fully completed and signed. Send to Odile PIETU: 9 Rue des Jonquilles, 94440 Villecresnes France – LMAP-secretariat@orange.fr

Send to Odile PIETU: 9 Rue des Jonquilles, 944	440 Villecresnes France – LMAP-secretariat@orange.fr
Rider. Full Name:	Passenger. Full Name:
Emergency Contact Number:	Emergency Contact Number:
	TION AND INDEMNITY IARDIANS (where appropriate) MUST SIGN BELOW.
Magny Cours and agree to be bound by them.  I further declare that I am physically and mentally fit to take pa nature and type of event I am entering and its inherent risks and negligence on the part of the organisers or officials.  I accept that insurance of my licence is the sole insurance to cliability between the participants. I understand that this form mathe result of my voluntary decision to engage in a high risk activ NB: the one day FFM licence (LJA) includes rapatriement for even I consent to details of any injuries I may suffer at this event be I consent to the collection and retention of my personal information I confirm that the machine(s) which I shall participate on shall be competed on the machines for which I have entered.  I confirm that if any part of the event takes place on a public hid Acts, or equivalent legislation, and that they will comply with the I accept responsibility for any items borrowed from the Organis or replacement of any items lost or not returned	hat I understand the Particular regulation of the Camathias cup event in art in the event and I am competent to do so. I confirm that I understand the dagree to accept the same notwithstanding that such risks may involve cover myself. The specific insurance of the organisers of events excludes by be used in litigation as evidence that any serious injury will be principally vity.  The proposed between all medical services and La Main Au Panier president, ation by La Main Au Panier.  The purpose I confirm that I am eligible to gloway, the used machine shall be insured as required by the Road Traffic
becoming permanently disabled or suffering some other serious of the event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any indiv	understand that by taking part in this event I am exposed to a risk of death, is injury and I acknowledge that even in the event that negligence on the part indual carrying out duties on their behalf were to be a contributory cause of us injury will always be my voluntary decision to take part in a high risk
I have read the above and acknowledge that my parti	cipation in motorsport is entirely at my own risk.
Rider's signature:	Passenger's signature:
Date of birth:	Date of birth:
Signature of Parent or Legal Guardian: Si	gnature of Parent or Legal Guardian:

For each rider or passenger who is under 18 years of age this form must be accompanied by a fully completed Parental Agreement Form. Their Parent or Legal Guardian must attend signing on with them and must be available for the duration of the meeting.