**RIDERS & PASSENGERS SIGNING-ON FORM**

**Adults & Minors**

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679;

Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400 Fax: 01788 573585 E-mail: [admin@acu.org.uk](mailto:admin@acu.org.uk)

Event: …………………………………………………………………………………………………………………………………….

Venue:…………………………………………………………………………………………………………………………………….

Organisers: ……………………………...…………………………Date of Event:……………………………………………………

Permit No: ……………………………….……………….. Course Lic/Cert No. (where applicable): ………………………...…

**Declaration**

* In consideration of being permitted to participate in this event I declare that I will be bound by the declaration on the event entry form.
* I also acknowledge and accept the Risks of Motorsport as shown on the said entry form.
* I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** and I consent to the collection and retention of my personal information by the ACU.
* I give permission for details of any injuries I may suffer during this event to be given to the Clerk of the Course.
* I/we confirm that I/we are eligible to compete on the machines for which I/we have entered.
* I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.
* I confirm that I am physically and mentally able to participate and am competent to do so.
* I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury.

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| **RIDER / PASSENGER** | | | **PARENT / GUARDIAN / RESPONSIBLE ADULT**  **(Where rider / passenger is under 18 years of age**  **except for Trials Registered Riders of 16 years and over who may sign on their own behalf)** | | **In Case of Emergency (Contact Name & Number)** |
| NO. | NAME | SIGNATURE | NAME | SIGNATURE |  |
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*Sheet ……..…. of ……..…. Total number (if sheet complete) 20 competitors* FORM C4-**2019**