

OFFICIAL ENTRY FORM



NATIONAL TWINSHOCK 2010 FINAL ROUND WILDEN MOTOPARC

Organising Club Wilden MXC.
Final Round Wilden Motoparc, Wilden top lane, Kidderminster, DY13 9JQ
Event Date Sunday September 26th 2010

Name _____

Address _____

Telephone No. _____ E Mail address _____

Emergency Contact name & number _____

Machine _____ Capacity _____ Year _____ D.O.B _____

Classes – Tick Appropriate Class (es)

Clubman _____ Intermediate _____ Experts _____ 125 _____ 250 _____ Over 50/60 _____

Evolution (Pre-90) _____ Veterans (Any bike) _____ Mod Class _____

Registered / Preferred Riding Number _____

ORPA Licence number if hold one (these will be checked)

Entry Fee - Registered riders £40 with ORPA Licence
Entry Fee - Registered riders £45 without ORPA Licence
Entry Fee - Non-registered riders with ORPA licence £45
Entry Fee - Non-registered riders without ORPA licence £50
Extra class £10
Late entry fee (after 17th Sep) + £10.

Entries Close Saturday 17th September.

The completed entry form and entry fee to be sent with a S.A.E to
Tom Arnold 114 Highfield Road, Tipton, Westmidlands, DY4 0QR

Cheques made payable to Wilden MXC (please put debit card number on back of cheque to guarantee cheque)

INDEMNIFICATIONS

In consideration for being permitted to participate in this event I declare:

1. That I have read the rules and regulations for the Off Road Promoters Association, the rules and regulations for the club/promoter of this event, the supplementary regulations and entry form (when applicable) and I agree to be bound by them in every respect.
2. That I am fit and not suffering from any physical or mental disability, which would impair my safe Participation in the meeting and I undertake to inform the organisers immediately should any change in my condition occur which I have reason to or ought to have reason to believe would affect my ability to Continue to participate in this competition, and have completed a licence medical questionnaire to that Effect.
3. That as a participant I may be exposed to the risk inherent in motor sport and that I am prepared to take such risks.
4. I further agree that I shall not seek to claim against ORPA, the organisers nor their officials, the land owners, the promoter or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused, and whether by the negligence or breach of statutory duty of the said bodies or persons.
5. I have walked the track and agree that it is in a good standard for racing.

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Medical Declaration

1. Have you been rejected, or accepted at increased premiums for life insurance on medical Grounds? YES/NO*
2. Have you been treated for, do you now have, or have you ever had any of the following:
 - (a) Head injury? YES/NO*
 - (b) Unconsciousness or concussion (within the last 28 days)? YES/NO*
 - (c) High blood pressure/heart disease or disorder? YES/NO*
 - (d) Dizziness, fainting spells, epilepsy, fits or blackouts? YES/NO*
 - (e) Disease, injury or operation to either eye? YES/NO*
 - (f) Do you have any vision defect or loss of sight in either eye? YES/NO*
 - (g) Do you have any condition which affects movement of arms or legs? YES/NO*
 - (h) Do you have any false or missing limbs? YES/NO*

* If you have answered YES to any of the above, please give further details:

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I certify that the above statements are true and accurate and I understand my license may be invalid/withdrawn should any prove to be so. I also authorise any hospital or medical practitioner to furnish information relative to my medical condition to ORPA.

Signature: Date:

Signature of Parent/Guardian:(if under 18 years of age)