



OFFICIAL ENTRY FORM
Cumbria Twinshock
Presents
KING OF THE CASTLE 2021



Venue **Farleigh Castle BA2 7RS**
Event Date **10/11 July 2021**
IOPD Authorisation No. **25041**

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

COUNTY _____ POST CODE _____ DATE OF BIRTH: _____

MOBILE NO. _____ EMAIL: _____ (For text or e mail confirmation)

MACHINE: _____ CAPACITY _____ YEAR _____

(Please print clearly so we can read them thanks)

Classes - Tick Appropriate Class

Experts T/S _____ Over 40 T/S _____ Over 50 T/S _____ Over 60 T/S _____ 125 T/S _____
250 T/S _____

Pre-83 125's _____ 4 Stroke T/S _____ Clubman 1 T/S _____ Clubman 2 T/S _____ Classics _____ West
Mids Evos _____

Preferred Riding Number _____

Entry Fee - £110 per Class

IOPD weekend licence £10

Please send with your entry form - Not taken on the day.

Entries Close when class is full.

The completed entry form and entry fee to be sent to:

Chloe Hudson 11 Dalton Rd, Askam In Furness. Cumbria LA16 7AP.

Tel. No. 01229 463805(home)/07887407590 (Chloe Secretary) / 07774 894534 (Darren Mob)

Cheques should be made payable to 'Cumbria Twinshock' or call and pay over the phone

Transponder Hire £10 YES _____ NO _____ NUMBER _____

INDEMNIFICATION

I, the undersigned have read the rules and regulations issued for this championship and agree to be bound by them and all on the day instructions. In consideration of the acceptance of this entry or of my being permitted to take part in events, I agree to save harmless and keep indemnified the Cumbria Twin Shock Scramble Club (CTSSC), the International Organisation of Professional Drivers Ltd (IOPD), the promoter, landowner(s), sponsor(s), drivers, mechanics and such person, persons or body as may be authorised to promote or organise events and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses, and demands in respect to death or injury to myself howsoever caused, arising out of or in connection with this entry or my taking part in events and notwithstanding that the same may have 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 grounds where no third-party insurance is legally required, this agreement shall, in addition to the parts named above, extend to all and every other competitor(s), servants and agents and all actions, claims, costs, expenses or demands in respect of loss or damage to the person or property of myself, my driver(s), or mechanic(s). The signee must satisfy themselves of the preparation and condition of the course BY MEANS OF WALKING THE CIRCUIT and the completion of TWO (2) LAPS OF OFFICIAL PRACTICE that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle. I accept the responsibility of monitoring all conditions that may materially change the fore mentioned, and that I participate of my own free will.

I understand that should I, at any time, of this event, be suffering from any disability, whether permanent or temporary, which is likely to affect prejudicially my normal control of my vehicle I may not take part. Furthermore, I declare that I possess the standard of competence necessary for a CTSSC event to which this entry relates and that the vehicle entered is suitable and proper for its purpose and that it complies in all respects, having regard to the course and the speeds that will be attained and is described above. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.

DECLARATION

Acknowledgement of the risks of motorsport; I understand that by taking part in this event, I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence, on the part of the IOPD, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

PRINT NAME _____ SIGNATURE _____ DATE _____

UNLESS OTHERWISE NOTIFIED BY THE ORGANISER, THIS EVENT IS AUTHORISED BY THE IOPD & THEREFORE EXEMPT FROM THE ROAD TRAFFIC ACT 1988 SECTIONS 1, 2 & 3 (AS AMENDED BY THE ROAD TRAFFIC ACT 1991/95) SECTION 13A.

All Cumbria Twinshock Events are run Under the I.O.P.D Sporting code



Application for a Licence to Compete in IOPD Authorised Mechanically Propelled Events



Conditions:

1. The signee of this application has read the rules and regulations governing these events and agrees to be bound by them.
2. This licence will be revoked immediately upon failure of the signee to observe all or any of the conditions stated herein.
3. The signee agrees to satisfy themselves of the preparation and condition of the course and accepts that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle.
4. The signee accepts the responsibility of monitoring all conditions that may materially change the fore mentioned and they participate of their own free will whilst knowing the risks involved.
5. The signee accepts that dangerous conditions plus dangerous, careless and inconsiderate driving plus high speeds plus the use of specially constructed vehicles may significantly increase the risk of being killed, permanently disabled or seriously injured.
6. The signee confirms 'That I have no known medical condition (including sight impairment) that will substantially affect my ability to control or direct the mechanically propelled vehicle with which I intend to participate'.
7. The signee confirms that 'Should I be aware of any medical condition including prescribed medication which may affect my ability to control or direct the mechanically propelled vehicle, I will present myself to the Chief Medical Officer prior to signing on for a final appraisal'.

Signature of Holder Date

Signature of Parent or Guardian (if under 18 years old) Age if under 18

PARTICIPANT'S NAME:

ADDRESS:

TELEPHONE NO:

EMERGENCY CONTACT NAME/TEL

IOPD LICENCE NO:

ISSUING ORGANISATION:

CUMBRIA TWINSHOCK CLUB

(To be completed by the Organiser or the IOPD)

(OR ORGANISATION AFFILIATED TO)

2021 Fees: Weekend £10.00

Annual £20.00

(For use at any IOPD Authorised event)

DATE OF EVENT:

Please return to: **The Secretary of the Organising Event**

or

The International Organisation of Professional Drivers Ltd.

Motor Sports Centre, Sandbed, Hebden Bridge, West Yorkshire HX7 6PT

Tel: 01422 843651

email: info@iopd.org.uk

Fax: 01422 844171

ANY PERSONAL INFORMATION GIVEN TO US WILL BE USED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998.

The IOPD will not pass any of this data to a third party.