LOCHABER AND DISTRICTMOTORCYCLE CLUB
GRACE DIGNAN MEMORIAL TRIAL
A ROUND OF THE SCOTTISH ADULT CHAMPIONSHIP
SACU PERMIT NO. 05055

ENTRY FORM

DECLARATION:I, The undersigned apply to enter the above event and enclose the appropriate fee,in codsideration there of:

1) I hereby declare that I have had an opportunity to read and understand the National Sporting Code of the ACU,the ACU/SACU Standing Regulations for Trials together with such Supplementary Regulations and Final Instrutions as may have been issued for this event, and agree to be bound by all of them.

2) I furthermore declare that I am physically and mentally fit to take part in this event and am competent to do so.

3) I confirm that I understand the nature and type of this event and the risks inherent with the sport and agree to accept the same not withstanding that such risks may involve negligence on the part of the organiser/officials.

4) I furthermore agree that I shall not seek to claim against the ACU,the SACU, LOCHABER AND DISTRICT MOTORCYCLE CLUB nor their officials, the landowners,the promoter, or other bodies or indivivuals connected with the event in respect of any damage to my property howsoever caused, whewther by the negligence or breach of statuory duty of the said bodies and persons.

5) I furthermore agree that the machine on which I enter and compete shall be suitable and proper for its purpose and that I will comply with the regulations in respect thereof, and is as described below.

6) I understand and agree that I am required as soon as I arrive, to register my arrival, and to sign on at the designated area.

RIDERS DETAILS (Please print)

SURNAME..... FIRST NAME.....

ADDRESS.....
.....
POSTCODE..... TEL.
NO.....
COMP LIC. NO.....
CLUB.....
MACHINE.....
RIDER STATUS: EXPERT NON EXPERT NOVICE
SEN.SCH/BOY

"A" ROUTE "B" ROUTE

RIDERS SIGNATURE.....
PARENT/GUARDIAN SIGNATURE FOR UNDER 18s.....
LOCHABER COMP. LICENCE HOLDERS, OBSERVERS NAME, TEL. NO.