

OFFICIALS' SIGNING-ON



Organising Club: _____ Permit No(s): _____
Event Name: _____ Event Date: _____

ALL PERSONS APPOINTED TO ACT IN AN OFFICIAL CAPACITY AT THE MEETING MUST SIGN BELOW. Written agreement of a parent or guardian must also be obtained in respect of Officials under 18 years of age.

I agree to act in official capacity at this meeting and in consideration of this the organising club(s) have effected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by Motorsport UK. I have been given an opportunity to read the General Regulations of Motorsport UK and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to carry out my duties and that I will inform the organisers immediately should any change in my condition occur which I have reason or ought to have reason to believe would affect my ability to carry out my duties. I acknowledge that I understand the nature and type of competition and that as an official, I may be exposed to the potential risk inherent in motor sport and I will undertake my duties with their associated risks with due and proper regard for my safety and that of others. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence. I declare that I am not suffering from any infirmity or physical disability likely to affect the performance of my duties as an official of the event.

I am not currently experiencing any symptoms of COVID-19 and have not done so for 14 days. I have not knowingly been in contact with anyone showing symptoms within the last 14 days, except as a healthcare professional. If after submitting this form I do knowingly come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event, notify Motorsport UK and ensure that my close contacts also do not attend. Should I become ill at or start to exhibit COVID-19 symptoms at the event I shall withdraw safely and notify the Secretary of the Meeting by telephone / SMS accordingly including identification of those others who I have come into contact with at the event. In addition, I confirm that the symptomatic person will as soon as practicable contact the NHS for the purposes of test and trace. If I have knowingly contracted COVID-19 I declare that I have been symptom free for at least 14 days, and am physically fit to compete with no new medical problems that may affect my ability to safely operate a motor vehicle in competition.

I agree to abide by all Government and Motorsport UK requirements imposed in respect of COVID-19. I understand that Motorsport UK Guidance on COVID-19 in relation to Events has Regulatory status and to the extent applicable shall supersede the General Regulations by virtue of GR A.2.4. Breach of this obligation may lead to disciplinary action being taken (C.1.1).

I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing, and will be handled by the organisers in accordance with Motorsport UK data protection policy: www.motorsportuk.org/data-protection.

I hereby agree to abide by all applicable Motorsport UK Policies and Guidelines including but not exclusively Safeguarding and Anti Alcohol and Drugs policies.

MEDICAL PRACTITIONERS. All doctors attending motor sport meetings as medical officers must be fully registered with the General Medical Council, must be members of a recognised medical defence organisation and be covered for work outside a hospital. Doctors must be competent in the field in which they are working and must be aware that they are expected to provide themselves with such equipment as they deem necessary for the proper performance of their duties (G15.1).

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| Name: | | Motorsport UK ID No.: | | Email: | |
| | | | | Tel: | |
| Signature: | | | | Date: | |

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| Officials' role: | |
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Emergency Contact (Optional):

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| Name: | | Postcode: | | Tel: | |
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