



COMC Classes	
A	0-1600cc
B	1601-2000cc
C	2001cc & up (inc. Turbo or S/c)
4WD	Any 4WD
X	Crosscar (schedule XC only)

ORGANISERS USE ONLY	
Group	Class
Entry Received	Allocated Comp No
Invoice #	

CENTRAL OTAGO MOTORSPORT CLUB

Entry Fee \$95 COMC \$105 Non-COMC
(inc Transponders)

Location: LEVELS TRACK DAY
Date: 6 MAY 2023

Bank A/C 03 1355 0685023 00
Class:

Driver #1			
First Name:	_____	Last Name:	_____
Date of Birth:	_____	Email:	_____
Postal Address:	_____		
Physical Address:	_____		
Contact Phone # 1	_____	Contact Phone # 2	_____
Emergency Contact:	_____	Phone:	_____
Licence Number:	_____	Licence Expiry:	_____
Licence Grade:	_____		
Member Club:	_____	Member Club Expiry:	_____
Civil Licence No:	_____ Exp Date _____	Is NZ Civil driver's licence disqualified?	Y / N
<i>If yes, please advise why:</i>			
Required for statistical purposes: (please circle appropriate):		First Time Driver (3 or fewer events) (please tick) <input type="checkbox"/>	
12-16	17-18	19-25	26-35
		36-60	61 Plus
Male / Female / Other		First Time Competitor at Venue (please tick) <input type="checkbox"/>	
		Foreign Participant on Non-MSNZ Licence (please tick) <input type="checkbox"/>	
Driver #2			
First Name:	_____	Last Name:	_____
Date of Birth:	_____	Email:	_____
Postal Address:	_____		
Physical Address:	_____		
Contact Phone # 1	_____	Contact Phone # 2	_____
Emergency Contact:	_____	Phone:	_____
Licence Number:	_____	Licence Expiry:	_____
Licence Grade:	_____		
Member Club:	_____	Member Club Expiry:	_____
Civil Licence No:	_____ Exp Date _____	Is NZ Civil driver's licence disqualified?	Y / N
<i>If yes, please advise why:</i>			
Required for statistical purposes: (please circle appropriate):		First Time Driver (3 or fewer events) (please tick) <input type="checkbox"/>	
12-16	17-18	19-25	26-35
		36-60	61 Plus
Male / Female / Other		First Time Competitor at Venue (please tick) <input type="checkbox"/>	
		Foreign Participant on Non-MSNZ Licence (please tick) <input type="checkbox"/>	
Entrant			
First Name:	_____	Last Name:	_____
Phone:	_____	Email:	_____
Postal Address:	_____		
Licence Number:	_____		
		Licence Expiry:	

Vehicle Details			
Vehicle Make:	_____	Vehicle Model:	_____
Year:	_____	Registration Number:	_____
Chassis Number:	_____		
Colour:	_____	Permanent Comp #:	_____
Transponder Number:	_____	Engine Capacity (cc's):	_____
Log Book No:	_____	Homologation No:	_____

I **acknowledge** that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:

I **declare** that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I **declare** the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

4. Consent:

I **consent** to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 2020.

I **also authorise** the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above-mentioned event to MotorSport NZ and its officials.

Signature of Driver #1: Date:

Signature of Driver #2: Date:

Signature of Entrant: Date:

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO SUBMITTING ENTRY Note: If Driver(s) and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent

Entry Submission	
Email to:	secretary@centralotagomotorsport.org.nz
Post to:	Central Otago Motorsport Club PO Box 76 Cromwell 9342

Complete if GST Registered	
GST Registration No:	
Name of Person / Company / Team Registered:	