MOTOR SPORTS ASSOCIATION
UNITED KINGDOM

Officials' signing-on

Event name: .....Organising club: .....

Date:.....Status: .....

ALL PERSONS APPOINTED TO ACT IN AN OFFICIAL CAPACITY AT THE MEETING MUST SIGN BELOW, AND OFFICIAL ARMBANDS OR LAPEL BADGES (WHICH ARE NOT TRANSFERABLE) MUST ONLY BE ISSUED TO SUCH PERSONS. 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 the organising club(s) having effected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by the MSA. I have been given an opportunity to read the General Regulations of the Motor Sports Association 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. 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 hereby agree to abide by the MSA Child Protection Policy and Guidelines.

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 (B95).

NAME (BLOCK CAPITALS)	MSA ID No.	SIGNATURE	ADDRESS	POSTCODE