** 2015/2016 – 2K CUP ENTRY FORM**

**RACE CLASS:**

 **2K CUP**

**RACE NUMBER:**

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| **PUKEKOHE – 12/13 DEC** | **Entries Close – 27 NOV** |
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|  **A: DRIVER / ENTRANT DETAILS:** |
| **First Time Driver:** 🞎 | **First Time Driver at Venue:** 🞎 | **Foreign Participant on Non-MSNZ Licence:** 🞎 |
| **Driver Name:** | **Mobile No:** |
| **Physical Address:**  |
| **Postal Address:** |
| **Email Address:** |
| **MSNZ Licence No:** | **Licence Expiry****Date:** ……. / …… / ……. | **Licence Grade: C1** 🞎 **C2** 🞎 **INT C** 🞎 |
| **Financial Member** **of MSNZ Car Club:**  | **Car Club Expiry Date:** …... / .…. / …... |
| **Age Group: >19**🞎 **19-25**🞎 **26-35**🞎 **36-60**🞎 **61<**🞎 | **Male** 🞎 **Female** 🞎 |
| **EMERGENCY CONTACT** |
| **Name:** | **Relationship:** |
| **Contact No:** |
| **B: VEHICLE DETAILS:** |
| **Vehicle Make & Model:** | **Car No:** |
| **Colour:** | **CC Capacity:** |
| **MSNZ Logbook No:** | **Race Class** **within Series:**  |
| **AMB Transponder No:** | **I need to hire a Yes** 🞎 **No** 🞎**Transponder (tick):**  |
| **Sponsors:** |
| **C: ENTRANT DETAILS: (If the driver is the Entrant do not fill in)** |
| Entrant Name: |
| Entrant Address: |
| Entrant Licence No: | Expiry Date: |
| **D: PAYMENT AND ENTRY INSTRUCTIONS:** |
| * Please mail to:

Joint Race Committee, c/- NZIGP, PO Box 11-129, Ellerslie, Auckland 1542 OR email to admin@nzgrandprix.org.nz If you enter AFTER 11 December an additional $50.00 (including GST) is payable. Payment may be made by Credit Card or Internet Banking. **Internet Banking**: NZIGP (Inc) – 02 0240 000 7711 000. Please state your Name and Class entering in reference boxes.Visa / Mastercard Details (tick)Card Number Name of Card Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_**ENTRY FEE - $300.00 (with own Transponder) $335.00 (to hire Transponder)** all incl GST |

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| **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/SR/TZ/SS 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. |
| **Critical Safety** | **Non-Critical Safety** | **Non Safety** |
| * Helmet
* Head & Neck Restraint
* Protective Clothing
* Safety Harness
* Window Net(s)
* Roll Bar / Safety Cage
* Seat(s) and Mounts
* Fire Extinguisher
* Wheels and Tyres
* Brake System
* Steering & Suspension Systems
* Fuel Tank(s) / Fillers / Lines
 | * Engine & Transmission Mounts
* Flexible Fluid Lines & Hoses
* Throttle Return (Failsafe)
* Engine Starter Operation
* Reverse Gear Operation
* Exhaust System
* Oil Catch Tank(s)
* Electrical Wiring
* Lighting Systems
* Brake Lights
 | * Rear Lights / Rain Lights
* Bodyshell / Chassis Condition
* Exterior Appearance
* Panels / Covers
* Doors
* Windows
* Wipers & Demisting
* Rear Vision Mirrors
* Aerofoils & Spoilers
* Cockpit Construction / Fittings
* Bulkheads
* Tow Eyes
* Ignition / Circuit Breaker
* Battery
 | * Ballast (Security)
* Competition Numbers
* Registration & WOF Labels
* LVV / MSNZ Authority Card
* LVV Plate
* Optional Equipment
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| **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. |
| **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 1993.**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:** **Date:** ………………..…………**Signature of Entrant:** **Date:** ………………………….**FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO POSTING***Note: If Driver and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent* |
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