



RIDER NAME (Block Capitals)

RIDER Signature

DATE

ALL APPLICANTS MUST COMPLETE THIS SECTION

Please answer all the questions truthfully by ticking the appropriate boxes. A false declaration may have serious consequences. If you answer 'yes' to any of the questions please give full details in the space provided at the end of this section. These should include the date you first developed the condition, details of any tests, investigations and any treatment you have undergone. Please include the names and addresses of any specialist you have seen and the hospitals you have attended. Please also give full details of any medications you are taking.

Important note: Answering "yes" to any of the 9 questions below, will result in your application being declined by the organiser.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions?
(Tick all boxes that are applicable):

- 1. Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness? Yes No
- 2. Any condition, which might cause dizziness, vertigo or loss of balance? Yes No
- 3. Have you ever been unconscious because of a head injury or suffered from concussion **within The last 14 days ?** Yes No
- 4. Any brain disorder such as a stroke, MS or Motor Neurone disease? Yes No
- 5. Any loss of strength, feeling, control or movement any of your limbs, head or neck? Yes No
- 6. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? Yes No
- 7. Amputation of any part of your limbs with or without artificial replacement? Yes No
- 8. Any condition affecting your vision or eyes, including colour blindness? Yes No
- 9. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? Yes No

The questions below are for information for the First Aid responders in case of incident

- 10. Any kind of tumour or cancer? Yes No
- 11. Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin? Yes No
- 12. Are you taking medication?
(Include all tablets, medicines etc. whether prescribed or bought over the counter) Yes No
- 13. Do you carry an EPI Pen while racing? Yes No

Medical details

Acknowledgement of the risks of motorsport: I / we understand that by taking part in this event I / we are exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I / we acknowledge that even in the event that negligence on the part of the SACU/ACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I / we may suffer, the dominant cause of any serious injury will always be my / our voluntary decision to take part in a high risk activity.

I / we have read the above and acknowledge that my / our participation in motorsport is entirely at my / our own risk.

Rider's signature: If **under 18** state date of birth*:

Passenger's signature: If **under 18** state date of birth*:

* For riders and passengers **under 18** years of age - I accept the above conditions of entry to this event and give my approval:-

Signature of parent or person with parental responsibility:.....

SACU Privacy Policy

The SACU is the recognised licencing Authority for Motorcycle Sport in Scotland.

We collect data from members for the purpose of issuing race licences, official's licences, race start permissions and insurance.

Details are stored on a computer system to allow the production of licences and record results where required for licence conditions (Road Race and Trials). This information is stored securely and accurately.

Personal details are only used for contacting members re licencing matters, notification of awards and investigation of medical matters.

Clubs may be provided with a member's name and licence number to prove they hold a licence for competition.

Clubs provide a list of members annually - these are stored in paper format and only used to confirm numerical accuracy of membership submissions.

Payment details submitted are used to take payment and then immediately destroyed. No payment details are recorded.

We may disclose your personal information to the extent that we are required to do so by law in connection with any legal proceedings or prospective legal proceedings. This will include the reporting of personal accident details for insurance purposes

Except as provided in this privacy policy, we will not provide your information to third parties.

Members have the right to request a copy of the data recorded about them for accuracy. Please let us know if your information needs to be corrected.

Members may submit a complaint to the Information Commissioners Office if their information is inaccurate or used inappropriately.