

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 following questions may result in further investigation and may delay the issue of your Competition Licence or Trials Registration

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- 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? 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. Amputation of any part of your limbs with or without artificial replacement? yes no
- 7. Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure? yes no
- 8. Any kind of tumour or cancer? yes no
- 9. Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin? yes no
(If 'yes' then an Eyesight Report must be completed.)
- 10. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? yes no
- 11. Any condition affecting your vision or eyes, including colour blindness? yes no
- 12. Are you taking medication? yes no
(Include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'yes' to any of the above questions:
****For Diabetes please ensure an eye test form is returned.**

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:.....

PLEASE DO NOT WRITE IN THIS SPACE