



Application for Motorcycle Training and Instruction

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
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ACU and The Auto-Cycle Union are trading names of the Auto-Cycle Union Ltd registered under Company No. 00134679;
Registered Office: ACU House, Wood Street, Rugby, Warwickshire, CV21 2YX

Training Establishment: Chief Coach/Instructor:
Venue: Date of Activity:
Permit No: Training Track Licence No.:

The Training offered complies with Operating Procedures and Codes of Conduct agreed between the Auto-Cycle Union and the Training Establishment together with any specific local regulations which may be inspected upon request to the Chief Coach/Instructor

Declaration: I the undersigned make application for Motorcycle Training and instruction at the above venue and in consideration thereof:-

- I hereby declare that I have had the opportunity to read the operating procedures, codes of conduct and any local regulations that apply and I agree to be bound by them.
- I further declare that I am physically and mentally fit to take part in the training activity and that I am competent to do so.
- I confirm that I understand the nature and type of activity I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the Organisers, Instructors, Coaches or Officials.
- I confirm that if the Motorcycle is provided by me it shall be suitable and proper for the purpose intended.
- I confirm that if any part of the event takes place on a public highway, the machine described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it will comply with the regulations in respect thereof.
- I agree that I am required to register my arrival by "signing on" at the designated place prior to commencement of my Training.
- I agree that details of any injuries I may suffer during this activity may be passed to the Chief Instructor by the Medics attending me.
- I enclose the entry fee of: £.....

Acknowledgement of the risks of motorsport: I understand that by taking part in this activity I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the Auto-Cycle Union, the Training Establishment, the Coach, the instructor, 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 may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorcycling is entirely at my 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:-

Note to Parents or Persons with Parental Responsibility

I confirm I have legal responsibility for the Rider or Passenger named below and that I have read and accept the above conditions of participation in this activity for my child and acknowledge specifically the risks of motorcycling. I will remain at the Venue throughout the Training session. I agree that photographs of my child may be taken.

Signature: Relationship: Date:

Details of Rider Surname:

First name(s):

Address:

.....

Postcode:..... Tel:

Do you belong to an ACU affiliated Club? Yes/No

Name of Club:

Ability Estimate

Do you consider you are:-

Beginner / Intermediate / Experienced

(Delete that which does not apply)

Which Western Centre Route do you normally ride?

Route:

MACHINE

Make: Model: Capacity: cc

Type: (Motocross / Trial / Trail / Enduro)