

2023 MOTORCYCLE OFF ROAD <u>EVENT ENTRY FORM</u> PREMIER INSURANCE ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679

Riding	No:
(Office	Use)

Registered Office: ACU House, Wo	od Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400 (Office Use)	
Event:	Organisers:	
Venue:		
Permit No:		
This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook. Entry declaration: I the undersigned apply to enter the event described above and in consideration thereof: I hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event 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 or officials. I confirm that I am not currently suspended from ACU permitted competition or on the ACU Stop List as a result of incurring a Concussion injury. I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity. I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course. I have read and understood The Auto Cycle Union Ltd. Data Protection Policy and consent to the collection and retention of my personal information by the ACU. I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to compete on the machines for which I have entered. I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be i		
I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session/Race, Trials or Enduro.		
Rider's signature:		
(COMPLETE IN BLOCK CAPITALS PLEASE) I		
RIDER	MACHINE	
First Name: Surname:		
Address:		
	Riding No. preferred:(where option is available)	
Postcode: Date of Birth:	(refer to supplementary regulations for the following boxes then tick/ring your options)	
Tel/s:	CLASS 4 Youth B Other Classes/Awards eligible for (See Reg's):	
ACU Licence/Registration No:		
(of which I am a member):	ROUTE SportsPlus I'm Riding out of Required	
email:	Expert Sportsman Route for No Award Club/Exp Cond't Std (See Championship Rules on	
RESULTS/FEES/AWARD I enclose a SAE for copy of results: yes no (Tick one)	Clubman Cond't Hrd acuwesterncentre.org.uk)	
	Received: Cheque No. Route: Cone) Cash £: Confirmed: Class:	

Confirmed:

Licence:

Class:

Bike:

Form C8PM - 2023 (ACU Western Trial)

Cash £:

Cheque£:

Office Use