



Southern Counties Off Road Club Ltd

Safari Passengers Form

Safari Competition Secretary:

Rob Giles: 07801 945255

www.scor4x4.co.uk

'I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. 'In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event.

Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in the Event. 'I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached'

Date _____ Venue _____

Name	_____	Membership No.	_____
Address	_____	Comp No.	_____
	_____	Email	_____
	_____	Signature	_____

Tel No.	_____		_____

In the event of an accident please contact:	Name	_____
	Address	_____
	Tel. No.	_____

Name	_____	Membership No.	_____
Address	_____	Comp No.	_____
	_____	Email	_____
	_____	Signature	_____

Tel No.	_____		_____

In the event of an accident please contact:	Name	_____
	Address	_____
	Tel. No.	_____