



MANX GRAND PRIX

MGP RIDERS REUNION PARADE LAP 2014

ENTRY FORM



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FRIDAY 29 AUGUST 2014



PLEASE COMPLETE THIS ENTRY FORM IN BLOCK CAPITAL LETTERS AND RETURN BY
SATURDAY 7 JUNE 2014

Please forward your entry to:

Manx Motor Cycle Club Ltd

Glencrutchery Road, Douglas, Isle of Man, IM2 6DA

Telephone: 00 44 (0) 1 624 644649

Fax: 00 44 (0) 1 624 620174

Email: mgp@manx.net

FOR OFFICIAL USE ONLY

ENTRY NO.

DATE RECEIVED

ENTRY FEE RECEIVED

ACU Permit No. 40751 | FIM Inscription No. 191/49 | TCC No. TT 001

ENTRY DECLARATION: 2014 MGP RIDERS RE-UNION PARADE LAP

I / We the undersigned hereby apply to enter the event described above and in consideration thereof :

- I consider of being permitted to participate in this event I declare that I will be bound by the declaration on the event entry form.
- 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 for Parades, the Sporting Code of the FIM (and its appendices), and such Supplementary Regulations as have been or may be issued for the event and agree to be bound by them.
- I confirm that I am eligible to participate on the machine which I have entered.
- I consent to collection and retention of my personal information by the ACU.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I confirm that if any part of the event takes place on a public highway, the machine described on this form shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it will comply with the regulations in respect thereof.
- In completing this form to enter this Parade I confirm that I know of no medical condition that would impair my ability to participate or cause injury to myself or others. (If over 70 years of age, please attach a certificate of fitness to take part provided by a Doctor)
- I give my permission for the MMCC to obtain any information about my medical history from any medical practitioner I have consulted. I further agree and consent to any necessary information concerning an injury at this or any event being given by any attending doctor/paramedic/first responder or any hospital health care worker to the Clerk of the Course or his designated officials and also to my own doctor and relatives. The doctor(s) may also give information to other persons according to the doctor's own professional ethical code.
- I further agree that I shall not seek to claim against the ACU, FIM or Manx Motor Cycle Club Ltd or their officials, the landowners, the promoter(s) or any other bodies or individuals connected with the event in respect of any damage to my property howsoever caused, and whether by negligence or breach of statutory duty of the said bodies or persons.
- I accept that the FIM, ACU and MMCC shall not be responsible for any damage to a motorcycle or its accessories whilst in the custody of the Organisers of the meeting, during scrutineering or the event, whether by fire, accident or other causes.
- I declare that the Rider will be over 18 years of age on the 29 August 2014 and holds either a current ACU Road Race Competition licence, a current ACU Parade licence or a current full DVLA motorcycle licence.
- I confirm that I am not suspended or my ACU licence has not been suspended and I have not been withdrawn from any ACU parade.
- I understand and agree that the Manx Motor Cycle Club Ltd retain the information supplied in this application on computer and I authorise its disclosure by them for the purpose of the Data Protection Act of the Isle of Man.
- I confirm that all Customs and Excise and/or Inland Revenue dues have been paid on the fuel I will use within this meeting.
- I confirm that all particulars given by me in this entry form are true and correct.
- I accept that this entry, if accepted, will form a contract between the Club and myself, which will be governed by and construed in all respects in accordance with Isle of Man Law. I irrevocably submit to the jurisdiction of the Isle of Man Courts in respect of any legal action or proceedings arising out of the contract or my participation in the meeting.

Acknowledgement of the risks of motorsport: I understand that by taking part in this event 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 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 may suffer; the dominant cause of any serious injury will always be my voluntary decision to take part in any parade.

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 parade.

Rider's Signature _____ Date _____ 2014

Please return this ENTRY FORM with the MEDICAL DECLARATION BY SATURDAY 7 JUNE

YOUR ENTRY FORM WILL NOT BE CONSIDERED UNLESS ALL PAGES, INCLUDING MEDICAL DECLARATION, ARE COMPLETED AND RETURNED

PARADER'S MEDICAL DECLARATION

ALL PARADERS MUST COMPLETE THIS MEDICAL DECLARATION AND IF OVER 70 YEARS OF AGE MUST ATTACH A CERTIFICATE OF FITNESS TO TAKE PART IN THE PARADE PROVIDED BY A DOCTOR.

This information will be treated as confidential and will be available only to Officials, the MMCC and Doctors or Officials at the meeting. Any rider failing to complete this medical declaration will not be permitted to enter the event. Please answer all of the questions truthfully. False declarations may have serious consequences. If you answer yes to any of the questions in this declaration, please provide full details in the space below. These should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

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

- | | | |
|---|------------------------------|-----------------------------|
| 1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Any condition which might cause dizziness, vertigo or loss of balance? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Have you been unconscious because of a head injury or suffered from concussion? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Any progressive neurological disorder such as MS or Motor Neurone disease? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Have you ever had a stroke of any kind? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Loss of strength, loss of feeling, loss of control or loss of movement of any of your limbs, head and neck? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Amputation of any of your limbs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Do you have any artificial limbs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Any condition affecting your heart? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Any surgical operation for a heart condition (e.g. bypass, angioplasty, pacemaker fitted?) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Any kind of tumour or cancer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. Any condition affecting the main arteries? (e.g. bypass grafts, aortic aneurysm) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Diabetes? Please state whether treated by diet, tablets or insulin? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Any psychiatric or emotional illness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. Hypertension (High blood pressure)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. Any condition affecting your vision or eyes? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17. Alcohol, drug or any substance misuse? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18. Are you taking any medication? (Include tablets, medicines, etc. whether prescribed or bought over the counter) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please use this space to give further details:

I declare that the answers I have given are true and complete. I give my permission for the MMCC or the Event Organisers to obtain any information about my medical history from any medical practitioner I have consulted. I give consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first aid responder or any hospital care worker to the Clerk of the Course of the event or his deputies and also to my own doctor and relatives. The doctor(s) may also give information to other persons according to the doctor's own professional ethical code.

Name (IN BLOCK LETTERS) _____ Date of Birth _____ Signature _____

NOTE: Where the applicant answers "YES" to any question above it may not necessarily prevent him from participating. The application will however be subject to further medical consideration.