



# St. GEORGE Motor Cycle Club Inc.

Venue: **Eastern Creek Raceway**

Date of meeting: **Monday 24<sup>th</sup> April 2006.**



## Private Practice Entry Form

Send Entries to: **St. George M.C.C.**  
**PO Box 124**  
**SUTHERLAND NSW 1499**

Fax **02 9542 1550**  
Phone: **02 9521 3715**

Prepaid Entries close: **Wednesday 19<sup>th</sup> April 2006**

MA Permit **06/16035**

### **PRIVATE PRACTICE:**

- **Private practice is available on Monday 24<sup>th</sup> April 2006**
  - **Entry Fee: prepaid fee of \$130.00 if paid by Midnight Wednesday 19<sup>th</sup> April 2006**  
**or pay on the day \$150.00**
- **All competitors must report to the Race Control Tower before commencing any practice.**
  - **You will be required to sign an Indemnity Form**
  - **pick up an ID sticker kit.**
- **Sign On will commence from 8.00am.**
- **The track will be open from 9.00am to 4.30pm.**
- **Practice Sessions:**
  - **9.00am to 9.40am Practice Open to All grades**
  - **From 9.40am there will be 20 minute practice sessions separated by grading, i.e. A & B grade, C grade, D grade.**
- **The method of separating sessions may be altered according to the numbers entered in each grade.**
- **Practice is for solo motorcycles only.**

### **RIDER INFORMATION: (Please print all information in a legible style)**

Rider: \_\_\_\_\_ MA Lic. No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

If under 18yrs Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Riding No.: \_\_\_\_\_ Grade: **A B C D**

**MOTOR CYCLE:** Make: \_\_\_\_\_ Model \_\_\_\_\_ CC's: \_\_\_\_\_ No. Cyls: \_\_\_\_\_

<b>PAYMENT DETAILS:</b>	<b>Entry Fee</b>	<b>Entry Fee</b>
	<b><u>Prepaid</u></b>	<b><u>Paid on Day</u></b>
<b>Entry Fee payable for Private Practice:</b>	<b>\$130.00</b>	<b>\$150.00</b>
<b>Plus</b>	<b>Fee of \$3.50 if paying by Credit Card.</b>	

NB if Practice & Race entries are paid at the same time a credit card fee of \$10.00 will be charged.

Cheques Payable to: **St. George MCC**

OR Charge my Credit Card (No Amex or Diners Club)

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*NB: If a prepaid practice form is not accompanied with payment of \$130.00 then it will not be accepted as being prepaid. That being the case the competitor will have to enter on the day and pay \$150.00.**



MOTORCYCLING NSW LIMITED

ACN 096 875 526 ABN 20 096 875 526

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

WARNING! THIS IS AN IMPORTANT DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED YOU UNDERSTAND IT.

IN CONSIDERATION of being permitted to compete, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorisation, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

- 1. Acknowledges, agrees, and represents that he has or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and feels anything to be unsafe, he will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organisations or any subdivision thereof, track operators, track owners, officials, bike owners, riders, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of the, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY, TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province of State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. HEREBY releases and agrees to waive my confidentiality rights during a race meeting where the Medical Services are required to give to any official, details of my injury(s) for the purpose of reporting to higher authorities and insurance companies.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

MEETING NAME: PRIVATE PRACTICE

MEETING VENUE: EASTERN CREEK RACEWAY. MEETING DATE: 24th April 2006.

RIDER'S SURNAME: FIRST NAME:

LICENCE No.: LICENCE EXPIRY DATE: / /

RIDER'S SIGNATURE: DATE: / /

THIRD PARTY INDEMNITY WHERE ENTRANT IS UNDER 18 YEARS OF AGE

8. I/WE being the parents/guardians of the above named rider (hereinafter called 'the Entrant') HEREBY AGREE:

- that I/We have read the whole of this document and understand it;
that I/We consent to the entrant participating in the race meeting;
that I/We are aware of the risks, dangers and obligations set out in the above Release;
that as a condition of our child's entry, I/We agree to comply with the MA Constitution, Rules and Regulations, including but not limited to the MA Member Protection Regulation.
IN CONSIDERATION of the entrant being accepted as an entrant in the race meeting I/WE DO HEREBY INDEMNIFY the organisers in the same manner and to the same effect as if I/We were the entrant.

SIGNED FOR AND ON BEHALF OF PARENTS/GUARDIANS: 1.

2. DATE: / /