

## **OFFICIALS' SIGNING-ON**

To prevent compatibility issues please view this form with Adobe Reader

Organising Club:			Permit	Permit No(s):		
Event Name:			Event D	ate:		
UNDERTAKING						
ALL PERSONS APPOINTED TO ACT IN AN OFFICIAL CAPACITY AT THE MEETING MUST SIGN BELOW. Written agreement of a parent or guardian must also be obtained in respect of Officials under 18 years of age.						
I agree to act in official capacity at this meeting Personal Accident Insurance Policy for death or opportunity to read the General Regulations of agree to be bound by them. I declare that I am organisers immediately should any change in maffect my ability to carry out my duties. I acknowledge official, I may be exposed to the potential risk i with due and proper regard for my safety and the promotion and/or organisation and/or conditional to the potential I am not suffering from any infirmition of the event.	benefits as pre Motorsport UK physically and r ly condition occ wledge that I ur nherent in moto nat of others. Fu uct of the event	scri and nen ur v nder or sp erthe	bed more specifically by i, if any, the Supplementa tally fit to carry out my owhich I have reason or ourstand the nature and typport and I will undertake er, I understand that all pe insured against loss or	Motorspo ary Regula duties and ught to ha be of comp my duties persons ha injury cau	rt UK. I have been given an actions for this event and that I will inform the ve reason to believe would petition and that as an action with their associated risks awing any connection with sed through negligence. I	
I am not currently experiencing any symptoms of COVID-19 and have not done so for 14 days. I have not knowingly been in contact with anyone showing symptoms within the last 14 days, except as a healthcare professional. If after submitting this form I do knowingly come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event, notify Motorsport UK and ensure that my close contacts also do not attend. Should I become ill at or start to exhibit COVID-19 symptoms at the event I shall withdraw safely and notify the Secretary of the Meeting by telephone / SMS accordingly including identification of those others who I have come into contact with at the event. In addition, I confirm that the symptomatic person will as soon as practicable contact the NHS for the purposes of test and trace.						
I agree to abide by all Government and Motorsport UK requirements imposed in respect of COVID-19. I understand that Motorsport UK Guidance on COVID-19 in relation to Events has Regulatory status and to the extent applicable shall supersede the General Regulations by virtue of GR A.2.4. Breach of this obligation may lead to disciplinary action being taken (C.1.1).						
I understand and agree that my personal data is being processed solely for the purposes of running this Event and may be used for the purposes of COVID-19 infection tracing, and will be handled by the organisers in accordance with Motorsport UK data protection policy: www.motorsportuk.org/data-protection.						
I hereby agree to abide by all applicable Motorsport UK Policies and Guidelines including but not exclusively Safeguarding and Anti Alcohol and Drugs policies.						
MEDICAL PRACTITIONERS. All doctors attending motor sport meetings as medical officers must be fully registered with the General Medical Council, must be members of a recognised medical defence organisation and be covered for work outside a hospital. Doctors must be competent in the field in which they are working and must be aware that they are expected to provide themselves with such equipment as they deem necessary for the proper performance of their duties (G15.1).						
Name:	Motorsport U ID No:	K		Email: Tel:		
Representing:	Signature:			Date:		
Official's Role:						
Emergency Contact (Optional):						
Name:	Postcode:			Tel:		



Last Updated:

Bicester Motion

**OX27 8FY** 

09 March 2021