Circle Track Racing Association of New Zealand Inc.

C/- P.O. Box 372, Kaikohe 0440
email: circletrackracingnz@gmail.com

Application for Competition Licence

ALL APPLICANTS MUST BEAR PROOF OF APPLICANT'S MEMBERSHIP OF AN AFFILIATED CLUB

SURNAME: (Print Clearly) Mr. Mrs. Ms. Maxwell FULL FIRST NAMES: Johnny

ADDRESS: 32 Hope St POST CODE: _____

EMAIL: _____ MOBILE NO: 021 268 1669

TELEPHONE: (Home) _____ (Bus) _____ DATE OF BIRTH: 14 08 1979

Licence Section

I am applying for a licence for the first time: ~~YES~~/NO

GRADE/CLASS(S): Sidecar

LICENCE NUMBER: _____

CAR NUMBER(S): 22

TRANSPONDER No: _____

FEES PAID/~~DUE~~: $95-00

Medical Requirements

Competitors are recommended to have in their possession a Medical Certificate

The applicant hereby declares that he/she is medically fit and not suffering from any disability (including drugs or alcohol) which could be detrimental to the control of the vehicle to which this licence applies.

SIGNATURE OF APPLICANT: _____ DATE: 8 / 9 / 19

ANY LICENCED COMPETITOR MAY BE REQUIRED TO UNDERGO A MEDICAL EXAMINATION AT ANY TIME

Declaration by Applicant

I hereby appy for the issue to me of a Competition Licence as indicated above.
I undertake to be bound by the Competition Rules of the C.T.R.A. any conditions or amendments thereto and by the provisions of the Supplementry Regulations of every event and Grade for which I may enter or be entered.
I CERTIFY that the above information is, to the best of my knowledge and belief, true and correct in every particular.

SIGNATURE OF APPLICANT: _____

CLUB USE

The Applicant is a financial member of

ASHBURTON Club Inc.

Club Official: _____

Date: 8-9-19

(Adult)/~~Youth~~ membership (delete one - Youth is under 16yrs)

Indemnity

I DO HEREBY AGREE to save harmless and keep indemnified the CIRCLE TRACK RACING ASSOCIATION, and their affiliated clubs, and their respective officials, servants, representatives and agents from and against all losses, actions, claims, expenses and demands:

(a) arising out of the failure of the Applicant to observe the National Competition Rules of CTRA or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.

(b) in respect of death, injury, loss of or damage to the person or property of the Applicant, his drivers, passengers or mechanics or the owner of the car being driven or operated by him or them or of any other person whatsoever howsoever caused arising out of or in connection with the entry of the Applicant or his taking part in any motor sports meeting for which the Licence will be required notwithstanding that such death, injury, loss or damage may have been contributed to or occasioned by the negligence of the Association or Promoter/Club or their respective officials, servants, representatives or agents or any other person AND I ACKNOWLEDGE that this undertaking is given for valuable consideration and is by way of indemnity and not by way of guarantee AND I AGREE that this indemnity will continue in force and cannot be withdrawn by me until the 31st August of the current licenced season applied for.

SIGNATURE OF APPLICANT: _____ DATE AT: 9/9/19 ON: _____

Under Age Applicant

Where the signatory to any of the indemnities and/or declarations is under the age of 18 years, the following certificate shall be completed and signed by the parent or guardian.

PARENT/GUARDIAN: _____ DATE _____

JUSTICE OF THE PEACE, SOLICITOR OR CTRA STEWARD: _____ DATE: _____

Signed in my presence, the signatory being personally known to me

Club Copy - White
CTRA Copy - Yellow
Member Copy - Pink