EAST AFRICAN MOTOR SPORTS CLUB

P.O. Box 42786, 00100 GPO, Nairobi | Email: info@eamsc.org

KENYA NATIONAL MOTORCROSS CHAMPIONSHIP ENTRY FORM FOR 2017

Full Names:	
Date of Birth:	Blood Group:
Address:	Phone No:
	Fax No:
	Mobile No: ,
E-mail:	Email 2:
KMSF Licence No:	EAMSC Membership No.:
Riding No.:	Bike Make: Model: Select Stroke

CLASS OF COMPETITION:

JUNIOR	SENIOR	OTHER (if applicable)
Select	**Select**	**Select**

DECLARATION: (PLEASE READ)

Motor Sport can be dangerous and may involve injury or death. You must read and agree to the following declaration and paragraphs below which are designed to create a legally binding relationship in return for you being allowed to enter and compete.

1. I, the undersigned, have read and agree to be bound by the general competition rules and I agree to be bound by the Supplementary regulations issued for this competition.
2. I confirm that the information on this entry form and the information and my acceptance of the terms of my competition licence are correct.
3. I further declare that I am physically and mentally fit to take part in the event and are competent to do so.
4. I confirm that I understand the nature and type of events and the risk inherent with the sport and agree to accept the same notwithstanding such risk may involve negligence on the organizers and/or their officials, the landowner, the promoter, sponsors or other bodies or individuals connected with the events in respect of any damage to my property or person howsoever caused, and whether by negligence or breach of statutory duties and legal obligation of the said bodies and persons.
5. I further agree that the machine which I enter and race shall be suitable and proper for its purpose and that it will comply with the regulations thereof.
6. I will not take part if I doubt my ability or the safety of the venue.
7. I will not participate while under the influence of alcohol or intoxication drugs. I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand, should I test positive on the samples submitted that I will be subject to disciplinary action envisaged in the Anti Dopping Code as prescribed by the World Anti Dopping Agency (WADA).
8. I understand and agree that I am required as soon as I arrive at the venue to register and sign on at any designated area.

Name Signature Date

If under 18 years Parent or Legal Guardian to sign below.

I, am the Parent/Legal Guardian of the applicant and have read, understood and accepted the above declaration.

Signature Date