

Please fully complete this licence/contract application form and mail it back to the address below. Please ensure payment and photos are enclosed accordingly.

For Official Use Only

Drivers Name: _____
Race Car No: _____
Formula(s): _____
Insurance: **STANDARD**
Amount Paid £ _____ (CHQ/CHS/C/C)
Date paid : ____/____/____
Received Payment at _____
Date licence issued: ____/____/____

INCARACE LTD

Spedeworth House,
Hollybush Industrial Estate
Hollybush Lane, Aldershot,
Hants, GU11 2PX
Tel. 01252 322920
Email: info@incarace.co.uk

For Office Use

AFFIX DRIVER
PHOTOGRAPH

INCARACE DRIVERS RACING CONTRACT 2013

THIS AGREEMENT is made between Incarace Limited after referred to as INCARACE AND

(FULL) NAME : _____

Date of Application : _____ day of _____ 2012/13
(day) (month)

This Contract will terminate on the 31st December 2013 unless terminated sooner in accordance with the terms of this contract.

I, the undersigned, apply to INCARACE to race a
(state formula(s))

on their controlled racing circuits (as listed herein) ('Circuits'). In consideration I therefore agree as follows:

1. I have been provided with a copy of and have read this agreement and the INCARACE Rules & Regulations and understood them and agree to abide by the Rules and conditions set out below.
2. I am over 16 but not over 70 years of age (if you are over 16 but under 18 years of age you will need a parental consent form to accompany this licence). Note: If you are over 64 and under 70 you will need to provide a Full Drivers licence and a Medical Certificate.
3. I fully understand the nature and type of racing in which I wish to participate and I am also fully familiar with the nature, layout, features and geography of the Circuits upon which I wish to race.
4. I am satisfied that the Circuits are safe for me to race upon and that should I at any time have any doubts as to their safety I am entitled to decline to race thereon, and that I may inspect each Circuit prior to racing there upon.

5. Not to take part, as a person or allow my competition car, my name or racing number to be used with any other promotion advertising, at any time within the dates of this agreement, other than with INCARACE or promotions advertising affiliated organisations, or without written permission of INCARACE.
6. I agree to abide by the rules as laid down by INCARACE (and it's Board of Control).
7. I hereby give INCARACE the right to use my name or my racing number, and any photographs or video footage of me and or my race car, or similar for the purpose of advertising or publicity as they see fit.
- 8.1 I will pay INCARACE on the signing of this agreement the appropriate fee set out below:
 - 8.1.1 £65.00 inc. VAT (All New Drivers); or
 - 8.1.2 £55.00 inc VAT for 2012 drivers renewing before December 31st 2012; or
 - 8.1.3 £40.00 inc VAT for pay to race formulas (e.g. Mascars & Slick Cars)
this payment is in part towards Drivers personal accident insurance costs.
- 8.2 INCARACE will on acceptance of this agreement supply me with a Driving (Racing) Licence (aka log book), and Number (exclusive to myself for the period of this agreement), one printed Rulebook for 2013 and notification of my racing grade and the opportunity to race according to the rules set out in the Rule Book. I understand that it is my responsibility to ensure that I receive a copy of the 2013 rules and regulations.
9. I understand that any Sponsorship, Advertising rights or Benefits I might receive from the same, must have the prior written approval of INCARACE.
10. I understand that any injury sustained by me during racing on INCARACE controlled tracks will only entitle me to a personal accident cover as set out in the Rule Book.
11. Not to cause, or be a part of in any way involved with any action that would or could disrupt a race meeting. I also understand that I am responsible for the actions of my pit crew and family members, and acknowledge that if their behaviour in any way disrupts a race meeting; my license may be suspended or in some circumstances, cancelled.
12. That except in the case of death or personal injury caused by INCARACE's negligence, or as expressly provided in this Contract, INCARACE shall not be liable to me by reason of any representation (unless fraudulent), or any implied warranty, condition or other term, or any duty at common law, or under the express terms of the Contract, for any loss of profit or any indirect, special or consequential loss, damage, costs, expenses or other claims (whether caused by the negligence of INCARACE, its servants or agents or otherwise) which arise out of or in connection with the provision by INCARACE of this Contract and the right to race at the Circuits or the use of the Circuits by me, and the entire liability of INCARACE under or in connection with the Contract shall not exceed the amount of INCARACE's charges pursuant to the Contract.
13. Either I or INCARACE may (without limiting any other remedy) at any time terminate the Contract by giving written notice to the other if the other commits any material breach of the Contract and, if such breach is capable of remedy) fails to remedy the breach within 30 days after being required by written notice to do so, or if the other goes into liquidation, becomes bankrupt, makes a voluntary arrangement with its creditors, or has a receiver or administrator appointed.
- 14.1 This Contract constitutes the entire agreement between us and supersedes any previous agreement or understanding and may not be varied except in writing between myself and INCARACE.
- 14.2 English law shall apply to this Contract and both I and INCARACE agree to submit to the exclusive jurisdiction of the English Courts.

We advise you to take a copy of this license for your own records, before returning it for processing.

The Company reserves absolute right to take whatever action to disqualification as deemed to be necessary.

MEDICAL QUESTIONNAIRE – MUST BE COMPLETED

I hereby warrant the following answers are true and each warranty is repeated and continues to be true throughout the term of this agreement in respect of my medical condition.

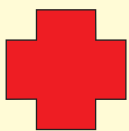
Please put a 'X' next to the right answer

- (a) Do you suffer from Epilepsy or sudden attacks of disabling giddiness? **YES** **NO**
- (b) Are you suffering from any defect in movement or muscular power? **YES** **NO**
- (c) Are you suffering from any disease, medical condition mental or physical, or disability which may cause the driving by you in a competition to be a source of danger to yourself and to others? **YES** **NO**
- (d) Do you suffer from any back problems, which have caused, you to visit a Doctor within the last 12 months? **YES** **NO**

If the answer is yes to any of the above medical questions A DOCTORS LETTER WILL BE REQUIRED, prior to a racing licence being granted.

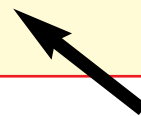
In order to process any insurance claim form we need to obtain the Incident Report Form.

Please sign here to authorise INCARACE to obtain this on your behalf.



Name: _____ Date: ____/____/____

Signature _____



Sign Here

All contracts should be fully completed, signed and mailed with 2x photographs and payment to the office address as detailed on the front page of this contract.

- (1) Previous racing history:
- | | Race No. | Formula | Date from /To (year) | Promotion | Highest Grade |
|----|----------|---------|----------------------|-----------|---------------|
| a. | _____ | _____ | _____ to _____ | _____ | _____ |
| b. | _____ | _____ | _____ to _____ | _____ | _____ |
| c. | _____ | _____ | _____ to _____ | _____ | _____ |
| d. | _____ | _____ | _____ to _____ | _____ | _____ |
- (please continue on a separate sheet if needed)

(2) DISCLOSURE OF PREVIOUS OR CURRENT RACING SUSPENSION OR BAN

Are you currently under a suspension or ban from racing? **YES** **NO**

Have you been suspended or banned from racing by INCARACE or any other promotion in or out of the ORCi? **YES** **NO**

If the answer is yes to either of the above please give details

 (please continue on a separate sheet if needed)

(3) Formula(s) to be raced according to this application:

- | | |
|----------|-------------------------------|
| 1) _____ | Racing Number Requested _____ |
| 2) _____ | Racing Number Requested _____ |
| 3) _____ | Racing Number Requested _____ |

(Please note there is an additional charge if you wish to race more than one formula - see contract notes – item 3).

DRIVERS FULL NAME (Block Caps) _____

DRIVERS DATE OF BIRTH: ____/____/____ AGE AT LAST BIRTHDAY:

ADDRESS (Block Caps): _____

Postcode _____

Home Tel No: _____ Work Tel No: _____

Mobile Tel No: _____ Email address: _____

May we give your telephone numbers out to other registered drivers?

Work telephone number	YES/NO	(delete where applicable)
Home telephone number	YES/NO	(delete where applicable)
Mobile telephone number	YES/NO	(delete where applicable)

SIGNED BY APPLYING DRIVER: _____  **Sign Here**

PLEASE LIST YOUR SPONSORS DETAILS: (please continue on a separate sheet if needed)

- | | |
|----------------|----------------|
| 1) NAME: _____ | 2) NAME: _____ |
| ADD: _____ | ADD: _____ |
| _____ | _____ |
| _____ | _____ |

Signed for and on behalf of INCARACE:

RACING OFFICIAL: _____

PRINT NAME: _____

OFFICE USE ONLY

DRIVERS CONTRACT NOTES

PLEASE READ THESE NOTES VERY CAREFULLY BEFORE COMPLETING YOUR CONTRACT

- 1) This contract must be filled in correctly in INK, in every respect and must be accompanied by the appropriate payment as detailed on page 2, section 8. Please print clearly your NAME, ADDRESS with POSTCODE AND CONTACT TELEPHONE NUMBERS, as this has to be copied on all communications. You must also notify us in writing of any change of address, telephone number or name immediately.
You must also advise us immediately if your medical condition changes from the statement you have made herein.
- 2) 2 recent passport size colour photographs of you must accompany this agreement.
Please print your name clearly on the back of each photo.
- 3) Drivers wishing to compete in more than one formula may do so by indicating formulas required on Page 4. The fee should be increased by £15.00 for each additional formula required. The formulas requested will be endorsed on your competition licence.
Please ensure this is correct when you receive it.
- 4) Incomplete application forms will be returned.
- 5) Circuits are – Birmingham Wheels Raceway
Northampton International Raceway
Hednesford Hills Raceway

Credit Card Payments	
Card Number:	
_____/_____/_____/_____ (Min 16 digits)	
Expiry Date.	_____/_____
Valid from.	_____/_____
Security Code (Last 3 digits)	_____
Issue No (if applicable)	_____
Amount to be debited £	_____
Cardholders signature :	_____

Please make cheques payable to:

INCARACE Limited

All New Drivers	£65	<input type="text"/>
2012 Renewing Drivers Contract price (before end of Dec 2012)	£55	<input type="text"/>
2012 Renewing Drivers Contract price (after Dec 2012)	£65	<input type="text"/>
Pay to Race formula	£40	<input type="text"/>
Each additional formula	£15	<input type="text"/>
Total amount enclosed		<input type="text"/>

ALL CONTRACTS MUST BE RETURNED TO THE ADDRESS DETAILED ON PAGE 1



CIRCUITS AT:

BIRMINGHAM : NORTHAMPTON : HEDNESFORD