

This page must be completed

PARENT / GUARDIAN AGREEMENT

I, _____ (please print your full name) the parent and/or guardian of
_____ (please print applying racing driver name, herein referred to as 'my child')

understand that my child wishes to participate in racing at Spedeworth Controlled Circuits. I confirm I am familiar with the nature of the competition and the risks inherent therein and that I have been given the opportunity before allowing my child to race, to inspect the course/circuit/track and its facilities. I hereby confirm I am satisfied and content that my child be allowed to participate as a competitor, and is competent so to do.

In consideration of the organisers allowing my child to compete I hereby agree and undertake to indemnify and keep indemnified the organisers, officials, land owners, Spedeworth and employees, its servants or agents, and other competitors against all sums whether by way of damages, costs or otherwise which they may be required to pay to my child for any reason whatsoever including without limitation their negligence and/or breach of statutory duty arising from child's participation in competition and racing.

I confirm that my child does not suffer from any physical or mental disability which would make it unsafe for him/her to participate as a competitor. I have read this contract fully, and have ensured that my child has completed the contract honestly and accurately.

I hereby accept that it is my responsibility to ensure that my child and I have read and understood the rules and regulations and that he/she will comply with them. It is my responsibility to ensure that both my child and I have received a copy of the 2012 rules and regulations (Spedeworth Rule Book).

I declare to the best of my belief that my child possesses the standard of competence necessary for an event of the type to which his/her entry relates and that the machine (race car) entered is suitable and race worthy, is safe and complies with the rules and regulations as specified in the Spedeworth Rule Book.

Signed by the Parent and/or Guardian

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

of : _____
(child's name)
Signed: _____
Date : _____
Witnessed by: _____
Date: ____/____/____



CIRCUITS AT:

ALDERSHOT : WIMBLEDON : IPSWICH

EASTBOURNE : GREAT YARMOUTH

SPEDEWORTH : Registered Numbers 4619458 & 04619426

For Office Use
AFFIX DRIVER PHOTOGRAPH



For Official Use Only
Drivers Name: _____
Race Car No: _____
Formula(s): _____
Insurance:
Standard **under 18 policy**
Amount Paid £ _____ (CHQ/CHS/C/C)
Date paid: ____/____/____
Received Payment at: _____
Date licence issued: ____/____/____

Please fully complete this licence/contract application form, and mail it back to the following office. Please ensure that your payment and photos are enclosed.

SPEDEWORTH INTERNATIONAL SOUTHERN LTD
Unit 2, Hollybush Industrial Park,
Hollybush Lane, Aldershot,
Hants, GU11 2PX
Tel. 01252 322920
Email: info@spedeworth.co.uk

**NINJA SPRINT KART DRIVERS
2012 LICENCE APPLICATION**

THIS AGREEMENT is made between SPEDEWORTH AND

(FULL) NAME _____ AGE _____ Years (at last birthday)

Date of birth ____/____/____ (Drivers registering with Spedeworth for the first time should enclose Original Birth Certificate)

Date of Application : ____/____/____

To terminate on the 31st December 2012 or upon my 16th birthday if this precedes this date, or otherwise in accordance with the terms of this contract.

I understand that I may race a Ninja Sprint Kart and confirm that I am competent and capable of doing so. I fully understand the nature and type of racing in which I wish to participate and am fully familiar with the nature, layout, features and geography of the circuits upon which I wish to race.

DRIVER TO SIGN _____

I, the DRIVER, hereby apply to Spedeworth to race a Ninja Sprint Kart on their controlled racing circuits. I am 6 years old or over, but not over 11. I understand that this license entitles only the driver to entry to the stadium on dates when racing. I have read this agreement and the Spedeworth Rules and agree to abide by them and the rules and conditions as set out below.

Parent/Guardian Agreement on page 4 of this contract must be fully completed by Parent or Guardian:
I agree:

- 1. 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 Spedeworth or affiliated racing organisation, or without written permission of Spedeworth.

2. To abide by the rules at all times as laid down by SPEDEWORTH [and its Board of Control].
3. I hereby give SPEDEWORTH 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.
4. I will pay to Spedeworth upon signing this agreement the sum of £30.00 (incl. VAT) Spedeworth will on acceptance of this agreement supply me with my racing number (exclusive to myself for the period of this agreement), one printed Rule Book for 2012, notification of my grading, membership to the Supporters Club and the opportunity to race according to the Rules set out in the 2012 Rule Book. I understand that it is my responsibility to ensure that I receive a copy of the 2012 rules and regulations.
5. I understand that my sponsorship, advertising rights or benefits I might receive from the same, must be with the approval of Spedeworth.
6. I understand that any personal injury sustained during racing on SPEDEWORTH controlled tracks will NOT entitle me to the personal accident benefits listed in the Rule Book for Drivers aged 18 years and over, but a nominal amount will be paid by the Company's Insurers to a maximum of £1,000 for loss of eyes, limbs or permanent total disablement no other payments whatsoever will be made by SPEDEWORTH and SPEDEWORTH accepts no other responsibility other than stated herein.
7. That except in the case of death or personal injury caused by Spedeworth's negligence, or as expressly provided in this Contract, Spedeworth 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 Spedeworth, its servants or agents or otherwise) which arise out of or in connection with the provision by Spedeworth of this Contract and the right to race at the Circuits or the use of the Circuits by me, and the entire liability of Spedeworth under or in connection with the Contract shall not exceed the amount of Spedeworth's charges pursuant to the Contract.
8. Either I or Spedeworth 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.
- 9.1 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 Spedeworth.
- 9.2 English law shall apply to this Contract and both I and Spedeworth agree to submit to the exclusive jurisdiction of the English Courts.

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.

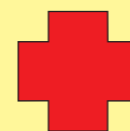
- Please put a 'X' next to the right answer
- (a) Do you suffer from Epilepsy or sudden attacks of disabling giddiness? **YES** **NO**
- (b) Are you suffering from any defect in movement or muscular power? **YES** **NO**
- (c) Are you suffering from any disease, medical condition mental or physical, 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**

**ALL SECTIONS OF THIS LICENCE APPLICATION MUST BE COMPLETED
INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED**

If the answer is yes to any of the medical questions on page 2 of this form 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 SPEDEWORTH to obtain this on your behalf.



Name: _____ **Date:** ____/____/____

Signature: _____

DRIVER'S FULL NAME (Block Capitals) _____

(1) Previous racing number (if any) _____ **Formula raced** _____

Year _____ **Previous Promotion** _____ **Last Grade Achieved** _____

(2) Formula to be raced according to this application: _____

Racing Number Requested _____

DRIVERS DATE OF BIRTH ____/____/____ **AGE AT LAST BIRTHDAY** _____

ADDRESS (Block Caps) _____

_____ **Postcode** _____

Home Tel No _____ **Email address** _____

May we give your telephone numbers out to other registered drivers? YES / NO
(Remember to check with your parents or guardians first)

SPONSORS NAMES _____

BIRTH CERTIFICATE DETAILS: NUMBER _____ **PLACE OF ISSUE** _____

2 recent passport size colour photographs of you must accompany this agreement. Please print your name clearly on the back of each photo.

I declare to the best of my knowledge and beliefs, the answers I have given are true in all respects.

SIGNED BY APPLYING DRIVER _____ **DATE** _____

Signed for and on behalf of SPEDEWORTH

RACING OFFICIAL _____ **PRINT NAME:** _____

Please make cheques payable to : Spedeworth Intl. (Southern)Ltd 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 : _____