



ORGANISERS USE ONLY			
Group	Class		
Entry Received	Allocated Comp No		
Invoice #			

OTAGO SPORTS CAR CLUB

PO Box 299, Dunedin

EVENT: Speed Weekend – Whare Flat & Three Mile Hill Hillclimb's



Date of Meeting:	19 th & 20 th Novembe	r 2022	Class Entered:	
Sponsors:	nsors: Major Sponsor : Property Brokers Mosgiel			
		Driv	ver #1	
First Name:	Last Name:			
Date of Birth:			Email:	
Postal Address:				
Physical Address:				
Contact Phone # 1			Contact Phone # 2	
Emergency Contact:			Phone:	
Licence Number:			Licence Expiry:	
Licence Grade:				
Member Club:			Member Club Expiry:	
Civil Licence No:		Currently	is your NZ civil drivers licence disqualified? Y / N	
If yes, please advise why:			.,	
	tical purposes: (please	circle appropriate):	First Time Driver (3 or fewer events) (please tick)	
12-16 17-18	19-25 26-35	36-60 61 Plus	First Time Competitor at Venue (please tick)	
	Male / Female		Foreign Participant on Non-MSNZ Licence (please tick)	
		Driv	ver #2	
First Name:			Last Name:	
Date of Birth:			Email:	
Postal Address:				
Physical Address:				
Contact Phone # 1			Contact Phone # 2	
Emergency Contact:			Phone:	
Licence Number:			Licence Expiry:	
Licence Grade:				
Member Club:			Member Club Expiry:	
Civil Licence No:		Currently	is your NZ civil drivers licence disqualified? Y / N	
If yes, please advise why:				
Required for statis	tical purposes: (please	circle appropriate):	First Time Driver (3 or fewer events) (please tick)	
12-16 17-18	19-25 26-35	36-60 61 Plus	First Time Competitor at Venue (please tick)	
	Male / Female		Foreign Participant on Non-MSNZ Licence (please tick)	
		En	trant	
First Name:			Last Name:	
Phone:			Email:	
Postal Address:				

Vehicle Details			
Vehicle Make:	Vehicle Model:		
Year:	Registration No.		
Chassis Number:			
Colour:	Permanent Race No:		
Transponder Number:	Engine Capacity (cc's):		
Log Book No:	Homologation No:		

For Historic Vehicles Only				
Certificate of Description				
1. Tick appropriate box below to confirm which Appropriate Six Schedule the vehicle complies with	opendix	2. In the appropriate box below to confirm the applicable period classification or group from the Schedule.		
Schedule K		Schedule K Period Classification		
Schedule T & C		Schedule T & C Group		
Schedule CR		Schedule CR period grouping		
NOTE: Refer to the Appendix Six Section Three Vehicle Classification Part Two for assistance in completing this section of the entry form				
3. Year of Vehicle Manufacture: Note: Actual year of completion of manufacture for this particular vehicle				

	Critical Safety	Non-Critical Safety	Non Safety
RACE EVENTS	 Helmet Head & Neck Restraint Protective Clothing Safety Harness Window Net(s) Roll Bar / Safety Cage Seat(s) and Mounts Fire Extinguisher Wheels and Tyres Brake System Steering & Suspension Systems Fuel Tank(s) / Fillers / Lines Fuel / Oil / Brake Line Protection First Aid Kit / Safety Triangle 	 Engine & Transmission Mounts Flexible Fluid Lines & Hoses Throttle Return (Failsafe) Engine Starter Operation Reverse Gear Operation Exhaust System Oil Catch Tank(s) Electrical Wiring Ignition / Circuit Breaker Battery Lighting Systems Brake Lights Rear Lights Brow Rope Ausiliary Lights 	Ballast (Security) Competition Numbers Registration & WOF Labels LVV / MSNZ Authority Card LVV Plate Optional Equipment Restrictor Fitment (36mm ID)

Critical Safety	Non-Critical Safety	Non Safety
• Helmet • Head & Neck Restraint • Protective Clothing • Safety Harness • Window Net(s) • Roll Bar / Safety Cage • Seat(s) and Mounts • Fire Extinguisher • Wheels and Tyres • Brake System • Steering & Suspension Systems • Fuel Tank(s) / Fillers / Lines	 Engine & Transmission Mounts Flexible Fluid Lines & Hoses Throttle Return (Failsafe) Engine Starter Operation Reverse Gear Operation Exhaust System Oil Catch Tank(s) Electrical Wiring Ignition / Circuit Breaker Battery Lighting Systems Brake Lights Rear Lights / Rain Lights Bodyshell / Chassis Condition Exterior Appearance Panels / Covers Windows Wipers & Demisting Rear Vision Mirrors Aerofoils & Spoilers Cockpit Construction / Fittings Bulkheads Tow Eyes 	 Ballast (Security) Competition Numbers Registration & WOF Labels LVV / MSNZ Authority Card LVV Plate Optional Equipment

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

4. Consent:

I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 2020.

I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above-mentioned event to MotorSport NZ and its officials.

Signature of Driver #1:	Date:
Signature of Driver #2:	Date:
Signature of Entrant:	Date:

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED PRIOR TO SUBMITTING ENTRY

Note: If Driver(s) and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent

Entry Submission		
Email to:	motorsport.dunedin@gmail.com	
Post to:	Otago Sports Car Club, PO BOX 299, DUNEDIN	

Payment					
Entry Fee	\$	Late Fee	\$	Transponder	\$
Direct Credit to:	1. 02-0900-0071330-00 with your name as the reference				
Bank:					

Or complete the credit card details below:

Card No Name o	We are unable to provide Credit card Payments.	
Signed		

	Complete if GST Registered	
GST Registration No:		
Name of Person / Company / Team Registered:		