

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/CSH/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.

HARDIE RACE PROMOTIONS,

20 Burnside Terrace,

Addiewell,

West Lothian, EH55 8NE

Tel. 07944 033645

Email: info@hardieracepromotions.co.uk

MINISTOX DRIVERS LICENCE APPLICATION 2013

THIS AGREEMENT is made between Hardie Race Promotions after referred to as HRP AND

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

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

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

To terminate on the 31st December 2013 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 Ministox Car 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 HRP to race a Ministox on their controlled racing circuits. I am 11 years old or over, but not over 16. I have read this agreement and the HRP 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:

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 HRP or affiliated racing organisation, or without written permission of HRP.
2. To abide by the rules at all times as laid down by HRP (and its Board of Control).
3. I hereby give HRP 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 HRP upon signing this agreement the sum of £50.00 (inc V.A.T.) for a renewal licence or £100 (inc V.A.T.) for a new licence application ** See 4.1 below. HRP 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 2013, notification of my grading and the opportunity to race according to the Rules set out in the 2013 Rule Book. I understand that it is my responsibility to ensure that I receive a copy of the 2013 rules and regulations. For new licence applications, a written test.
- 4.1 New applicants are required to complete a multiple choice written test and a basic driving skills test before a licence will be issued. This should be arranged with the HRP office at the time of application. There is a charge of £50.00 payable in advance for this test.
5. I understand that my sponsorship, advertising rights or benefits I might receive from the same, must be with the approval of HRP.
6. That except in the case of death or personal injury caused by HRP 's negligence, or as expressly provided in this Contract, HRP 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 HRP, its servants or agents or otherwise) which arise out of or in connection with the provision by HRP of this Contract and the right to race at the Circuits or the use of the Circuits by me, and the entire liability of HRP under or in connection with the Contract shall not exceed the amount of HRP 's charges pursuant to the Contract.
7. Either I or HRP 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.
- 8.1 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 HRP.
- 8.2 Scottish law shall apply to this Contract and both I and HRP agree to submit to the exclusive jurisdiction of the Scottish 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? | <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">YES</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">NO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | YES | | NO | |
| YES | | NO | | | |
| (b) Are you suffering from any defect in movement or muscular power? | <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">YES</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">NO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | YES | | NO | |
| 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? | <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">YES</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">NO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | YES | | NO | |
| YES | | NO | | | |
| (d) Do you suffer from any back problems, which have caused, you to visit a Doctor within the last 12 months? | <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">YES</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">NO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | YES | | NO | |
| 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.

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

DRIVERS 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 _____
(The HRP SPEDEWORTH ORCi number allocation is 100-190)

DRIVERS FULL NAME (Block Capitals) _____

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: _____

Do you need a restrictor plate charged at: Add £5.00 (plus £2.00 p&p if mailed) **YES** **NO**

2 x 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 HRP

RACING OFFICIAL: _____ PRINT NAME: _____

PARENT / GUARDIAN AGREEMENT INDEMNITY - SEE OVER PAGE

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')

I understand that my child wishes to participate in racing at HRP 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, HRP 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 my child and I have received a copy of the 2013 rules and regulations (HRP/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 HRP/Spedeworth Rule Book.

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

Signed by the Parent and/or Guardian

of: _____
(child's name)

Signed: _____

Date: _____

Witnessed by: _____

Date: ____/____/____



**CIRCUITS AT:
LOCHGELLY RACEWAY, LOCHGELLY**