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

**OTAGO SPORTS CAR CLUB INC**

**2023 OTAGO RALLY RALLY ENTRY FORM**

**31 March – 2 April 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Meeting:** | **31 March – 2 April 2023** | **Class Entered:** |  |
| **Sponsors:** |  |
| **Driver #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 driver’s licence disqualified?** | Y / N |
| *If yes, please advise why:* |
| Required for statistical purposes: (please circle appropriate):12-16 17-18 19-25 26-35 36-60 61 PlusMale / Female / Other | First Time Driver (3 or fewer events) *(please tick)* 🞎First Time Competitor at Venue *(please tick)* 🞎Foreign Participant on Non-MSNZ Licence *(please tick)* 🞎 |
| **Driver #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 driver’s licence disqualified?** | Y / N |
| *If yes, please advise why:* |
| Required for statistical purposes: (please circle appropriate):12-16 17-18 19-25 26-35 36-60 61 PlusMale / Female / Other | First Time Driver (3 or fewer events) *(please tick)* 🞎First Time Competitor at Venue *(please tick)* 🞎Foreign Participant on Non-MSNZ Licence *(please tick)* 🞎 |
| **Entrant (if not Driver #1)** |
| **First Name:** |  | **Last Name:** |  |
| **Phone:** |  | **Email:** |  |
| **Postal Address:** |  |
| **Licence Number:** |  | **Licence Expiry:** |  |
| **Past experience to assist with Seeding (Rally Only)** |
| *Event:* | *Seeded:* | *Finish position:* |
| *Event:* | *Seeded:* | *Finish position:* |
| *Event:* | *Seeded:* | *Finish position:* |
| **Vehicle Details** |
| **Vehicle Make:** |  | **Vehicle Model:** |  |
| **Year:** |  | **Registration Number:** |  |
| **Chassis Number:**  | Not Applicable |
| **Colour:** |  | **Permanent Comp #:** | Not Applicable |
| **Transponder Number:** | Not Applicable | **Engine Capacity (cc’s):** |  |
| **Log Book No:** |  | **Homologation No:**  | Not Applicable |

|  |
| --- |
| **Please tick appropriate boxes:** |
| 1. **Category Entered**
 |  |  |  |  |
| Pacific Cup |  | NZRC |  |  |
| Classic |  | Allcomers |  |  |
| 4WD Classic |  | Saturday only |  |  |
| 1. **Reconnaissance**
 |  | **Yes** |  | **No** |  |  |  |  |  |
| 1. **Running ‘Blind’ without notes**
 |  | **Yes** |  | **No** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **RACE EVENTS** | **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
* 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
 | * Bodyshell / Chassis Condition
* Exterior Appearance
* Panels / Covers
* Doors
* Windows
* Wipers & Demisting
* Rear Vision Mirrors
* Aerofoils & Spoilers
* Cockpit Construction / Fittings
* Bulkheads
* Tow Eyes
* Mudflaps
* Tow Rope
* Auxiliary Lights
 | * Ballast (Security)
* Competition Numbers
* Registration & WOF Labels
* LVV / MSNZ Authority Card
* LVV Plate
* Optional Equipment
* Restrictor Fitment (36mm ID)
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **RALLY EVENTS** | **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
* Doors
* 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
 |

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).

1. **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.

1. **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.

**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. **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.

1. **Insurance Excess**

MotorSport New Zealand - Public Liability Insurance Cover. All MSNZ events are covered by insurance cover.  The insurance excess amount is $3,500.00.  Should circuit/property be damaged, competitor(s) will be liable to reimburse the organising Club for the damage incurred. Less the amount of monies recovered from the insurance company.

1. **Vaccination Status**

I confirm that both Driver #1 and Driver #2 and all members of our service crew have received two doses of the Covid-19 vaccine and are in possession of a valid vaccination certificate.

**Signature of Driver #1:** **Date:** ………………………………

**Signature of Driver #2:** **Date:** ………………………………

**Signature of Entrant (if not a Driver):** **Date:** ………………………………

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

|  |
| --- |
| **Entry Submission** |
| **Email to:** | **norman@oakleygray.co.nz** |
| **Post to:** | **Otago Rally, PO Box 100, Dunedin 9054, New Zealand** |

|  |
| --- |
| **Payment** |
| **Entry Fee** | **Refer Remittance Advice** | **Late Fee** | **$150**  | **Tax Invoice** | **GST No. 120-131-61** |
| **Direct Credit to:** | **Otago Sports Car Club** |
| **Bank:** | **BNZ Dunedin Branch. 02 0900 0071330 02. Use Driver #1 name as reference** |

Or complete the credit card details below: **Note: A 3% processing fee will be added to credit card payments.**

|  |
| --- |
|  |
| Card No |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  | Expires |  |
| Name on Card  |  |
| Signed |  | Date |  |
|  |  |  |  |

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