



# ANDREAS RACING ASSOCIATION LTD



## MOTOR CYCLE RACES ENTRY FORM

## ACU Test Day

**JURBY MOTORDROME**  
**Permit No: ACU202801**

**Date: 11/05/2024**  
**Course Licence: 136**

*This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook.*

**ENTRY DECLARATION:** I the undersigned apply to enter the event described above and in consideration thereof: -

- I hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
- I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
- I confirm that I am not currently suspended from ACU permitted competition nor on the ACU Stop List as a result of incurring a Concussion injury.
- I accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.
- I consent to the collection and retention of my personal information by the ACU.
- I confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the machines for which I have entered.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I confirm that I have not been refused an ACU Licence, nor had an ACU Licence suspended, nor have I been excluded from any ACU competition.
- I have read and understood **The Auto Cycle Union Ltd Data Protection Policy** and consent to the collection and retention of my personal information by the ACU.

**ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT:** I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

**I have read the above and acknowledge that my participation in motorsport is entirely at my own risk. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session or Race.**

Rider's signature: ..... if under 18 state date of birth\* .....

Passenger's signature:..... if under 18 state date of birth\* .....

\* For riders and passengers **under 18 years of age** - I accept the above conditions of entry to this event and give my approval: -

Signature of parent or person with parental responsibility.....

**Riders and Passengers under 18 years must also complete a 'Parental Agreement Form' in addition to this entry form. Parental Agreement Forms are available from the organisers and the ACU. Their Parent or Legal Guardian must attend signing on with them and must be available for the duration of the meeting.**

**ACU Entrant (if different from Rider):**

Company/Name .....

Address .....

ACU Licence Number .....

**RIDER**

Surname.....  
 First Name.....  
 Date of Birth.....  
 Address.....  
 .....  
 ..... Postcode.....  
 Email.....  
 Home Tel..... Mobile.....  
 Competition Licence No.....  
 Licence type:  
 Novice   
 Clubman   
 National   
 International   
 Other   
 (type & issuer)  
 .....

**PASSENGER**

Surname.....  
 First Name.....  
 Date of Birth.....  
 Address.....  
 .....  
 ..... Postcode.....  
 Email.....  
 Home Tel..... Mobile.....  
 Competition Licence No.....  
 Licence type:  
 Novice   
 Clubman   
 National   
 International   
 Other   
 (type & issuer)  
 .....

**CLOSING DATE: Friday preceding the weekend before the event weekend**

Group No.	Group	CC	Make of Machine	How many bikes?
1	Open			
2	Supersport			
3	Novice & Classic			
3	Sidecars			

Solo riders may ask the Clerk of the Course to change the group they run in, depending on their machine, experience and/or pace. Additionally, the Clerk may require a solo rider to change group for the overall safety of the event.

**Entry Fees:**

**Solos:** £99 plus £15 per extra bike/session  
**Sidecars:** £109

**Entries to: Race Secretary, Andreas Racing Association, PO Box 15, Ramsey, Isle of Man, IM99 4QU**

If using the club's online entry system, payment will be taken as part of the process. Entries made using a paper entry form must be accompanied by payment. We are unable to accept card payments



# Andreas Racing Association Ltd.

01/2024

## Rider

### 1 - Rider

Name

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Address

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### 2 - In case of accident contact

Name

--

Relationship

--

Address

--

Tel number

--

### 3 - Island contact, if different from 2

Name

--

Will they be at the meeting Y/N  
If No, what is their address

--

Tel number

--

### 4 - Next of Kin details

Same as 2 - accident contact Y/N

Name

--

Relationship

--

Address

--

Tel number

--

I declare that the information on this form is correct

Signed : \_\_\_\_\_ Date: \_\_\_\_\_



## Passenger

### 1 - Passenger

Name

Address


### 2 - In case of accident contact

Name

Relationship

Address

Tel number


### 3 - Island contact, if different from 2

Name

Will they be at the meeting Y/N  
If No, what is their address

Tel number


### 4 - Next of Kin details

**Same as 2 - accident contact Y/N**

Name

Relationship

Address

Tel number


I declare that the information on this form is correct

Signed : \_\_\_\_\_ Date: \_\_\_\_\_