

# JCCWA Sporting Event March 16<sup>th</sup> 2021.

## COVID19 Precautions.

Everyone attending this event is reminded that, whilst we enjoy significant freedoms in WA, taking health precautions is sensible.

If you are not feeling well, go home.

At this event please observe social distancing wherever possible and use the hand sanitiser after touching anything other than your own personal belongings.

Stay Safe.

## **Procedure for Entrants.**

1. Upon arrival at the venue, each Entrant must park the car, remove all loose items, open the boot and bonnet and stay nearby for car and apparel inspection by the Scrutineers.
2. After the car and apparel checks have been satisfactorily completed and an Entrant Number has been assigned, take this completed Entry Form to the Administration desk (car assembly area) and complete all requirements including:-
  - Submit the completed and signed Entry Form, Disclaimer Waiver Form and day licence form (if required).
  - Verify payment or make payment as required for entry, day licence, helmet hire.
  - Receive breakfast and lunch vouchers.
3. When required, attend the Driver Briefing
4. Assemble when advised in the pit lane and get ready to drive a familiarisation lap behind a pace car. (second drivers and or passengers are permitted for this familiarisation lap and helmets are not required).
5. After the familiarisation lap line up in groups in pit lane as instructed. Await instruction to proceed to the circuit entry point.
6. Take instruction from the Starter.
7. Upon completion of the run, line up again in groups at the assembly area for the next run.

---

## **ENTRY FORM.**

Driver's name: ..... Driver's Signature: .....

Car Make and model: ..... Registration Number: .....

Entrant Number (Assigned by the Scrutineer) .....

79 Rowan Street Wangaratta Vic 3677

## RELEASE AND WAIVER OF LIABILITY

**WARNING!** Motor Racing is Dangerous and accidents can and do happen. All care is taken to protect you but you are warned that there is a possibility of an accident causing injury, death or property damage.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin.

1. Acknowledges, agrees and represents that he/she enters and he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Australian Auto-Sport Alliance Pty. Ltd., the Organisers, the landowners, promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releases", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. Hereby assumes full responsibility for the preparation and safety of the vehicle to be used and further give an assurance that the vehicle has been checked for safety and is in a condition fit to be used for motor racing.
7. Hereby agrees that this Release and Waiver of Liability, Assumption of risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the Event(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signed, this ..... day of ..... 2018  
DATE MONTH

First Name: ..... Surname: ..... D.O.B: .....

Signature: .....

Address:.....

Mobile: ..... Email: .....  
**EMERGENCY CONTACT**

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to passenger: \_\_\_\_\_ Contact no.: \_\_\_\_\_

## CONSENT FOR ENTRANTS AND COMPETITORS UNDER 18 YEARS

I ..... being the parent/guardian of ..... (please name),  
have read the whole of this document and consent to him / her participating. In doing so, I acknowledge that Motor Sport is  
dangerous, and agree that neither Australian Auto-Sport Alliance Pty. Ltd. nor "the organisers" shall be under any liability  
whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by the above named minor, or by  
me, howsoever such death or bodily injury, loss or damage is caused by negligence or otherwise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN



**APPLICATION FOR AUSTRALIAN AUTO-SPORT ALLIANCE DAY RACING LICENCE  
THIS IS FOR CAR DAY LICENCES ONLY**



**AASA OFFICE USE ONLY – DAY LICENCE NO.:** \_\_\_\_\_

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS INCLUDING MEDICAL QUESTIONNAIRE			
<b>FULL NAME:</b>		<b>ADDRESS IN FULL:</b>	
<b>PHONE:</b>		<b>SUBURB:</b>	
<b>OCCUPATION:</b>		<b>STATE:</b>	<b>POSTCODE:</b>
<b>EMAIL ADDRESS:</b>		<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>COUNTRY OF BIRTH:</b>		<b>Tetanus Immunization Date:</b>	<b>Allergies</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list
<b>ARE YOU AN AUSTRALIAN CITIZEN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		1/	
<b>Have you previously held a Motor Racing License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, last year held?		<b>Blood Group:</b>	2/
			3/
<b>Have you ever been diagnosed as having and/or had treatment for: (Please tick)</b>			<b>Gender:</b>
1. A psychiatric or psychological illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you taken any medications, including self-medication or alternative therapies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Persistent or severe headache, head injury, epilepsy, seizure or loss of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you have any hearing impairment or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Heart or lung disease, including infection, blood vessel disease, hypertension, coronary bypass, angioplasty or other surgical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you suffer from any hearing disorder including tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Cancer, diabetes, kidney, liver, thyroid, gastrointestinal, blood pressure disorders, including any associated surgical procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Is your eyesight normal in both eyes for distance vision? If NO do you wear spectacles or contact lens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any other significant illness, injury or surgery not already noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. When did you last have a medical examination?	Date:
<b>Please give full details if you answered YES to any of the above questions:</b>			
<b>Declaration:</b>			
1/ I certify that the statements made regarding my psychological and physical condition and any previous illness are true and accurate.			
2/ I understand that I will not use any drug considered illegal.			
3/ I authorize any hospital or medical practitioner to furnish information relevant to my medical condition to a Medical Assessor in order to determine competition fitness.			
4/ / I acknowledge that motorsport is dangerous and agree that AASA shall not be under any liability whatsoever for any death or bodily injury, loss or damage which I may incur, howsoever such death or bodily injury, loss or damage is caused, by negligence or otherwise.			
<b>For Female Applicants:</b> I agree to refrain from participating in any motor sport events except touring events if I am aware that I am or may be pregnant, and to abide by AASA's HSE policy regulations.			<b>Female Applicant Must Initial</b>
<b>Date (Valid only on this date):</b>		<b>Signature:</b>	
<b>Competency Declaration by Club/ Organization or Individual.</b>			
This applicant is recommended by Club/ Organization/ Individual who is personally known to AASA			
<b>Name of Club/ Organization/ Individual:</b>		<b>Signature:</b>	

**CAR DAY LICENCE COST: \$25 FOR 1 DAY**