

Permit No(s):

Officials' & Marshals' Signing-On

Organising Club:

To prevent compatibility issues please view this form with Adobe Reader

Event Name:				Event Date:				
	Marshals who volum They must also sign			-	s by signing on	ı in orde	r to obta	in Personal Accident
	an official capacity a t Insurance Policy fo							ected for my benefit a
	n an opportunity to to be bound by then		eral Regulatio	ns of Motorsp	ort UK and, if a	any, the	Official [Documents for this
conditions that m		to carry out r es. I will infor	ny duties. I de m the Organis	clare that I has sers immediat	ave not consum	ned any :	substanc	mental health e which may adversely ndition occur which I
	at I understand the r sport and I will und							tial risk and dangers d for my safety and
	and that all persons I against loss or inju				ion and / or oro	ganisatio	on and /	or conduct of the
I hereby agree to	abide by all ASN Co	odes, Guidelin	es and Policie	es and where	applicable thos	se of the	FIA.	
of running this Evwww.motorsport contacting the O	my personal data is vent and will be han uk.org/data-protection rganisers and/or Mo TIONERS. All doctor Council, must be me	dled in accord on. I understatorsport UK b s attending N	dance with th and that I can ut that this m Iotorsport UK	e Motorsport withdraw cor ay affect my a	UK Data Protectionsent to processibility to act as edical officers in	tion Pol s my per an Office nust be	icy which rsonal da ial. fully regi	sta at any time by
hospital. Doctors		in the field ir	n which they a	are working ar	nd must be awa	are that	they are	expected to provide
Licence No:			Official's Ro	ole:			Tel:	
Full Name:			Signat	ure:			Date:	
	read the above declar		ices in case of	serious accid	ent)			
Name:		House No:		Postcode:		Tel:		
Parent/Guardian	Signature (If Officia	l is U18)						
Name:				Signature:				
Last Updated:	05 February 2024							Version: 1.1

