

Permit No(s):

Officials' & Marshals' Signing-On

Organising Club:

To prevent compatibility issues please view this form with Adobe Reader

Event Name:					Event Da	ate:			
	Marshals who volun They must also sign			-	s by signing on	in orde	r to obta	in Personal Accident	
	an official capacity a nt Insurance Policy fo							ected for my benefit	а
	n an opportunity to to be bound by then		eral Regulation	ns of Motorsp	ort UK and, if a	ny, the	Official [Documents for this	
conditions that n		to carry out r es. I will infor	my duties. I de m the Organis	clare that I ha ers immediat	ive not consum	ed any	substanc	mental health e which may adverse ndition occur which I	
	nat I understand the or sport and I will und							tial risk and dangers d for my safety and	
	tand that all persons d 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	nes and Policie	s and where a	applicable thos	se of the	FIA.		
of running this E www.motorsport contacting the O MEDICAL PRACT General Medical	vent and will be han uk.org/data-protection rganisers and/or Moritioners. All doctor Council, must be me	dled in accordance on. I understatorsport UK been attending New Members of a re	dance with the and that I can ut that this ma Motorsport UK ecognised med	e Motorsport withdraw cor ay affect my a Events as me lical defence	UK Data Protections of the process o	etion Pol s my per an Office must be and be co	icy which rsonal da cial. fully regi overed for	sta at any time by stered with the r work outside a	
	such equipment as t		-	_			-	expected to provide	
Licence No:			Official's Ro	le:			Tel:		
Full Name:			Signatu	ıre:			Date:		
	read the above decla		ices in case of	serious accid	ent)				
Name:		House No:		Postcode:		Tel:			
Parent/Guardian	Signature (If Officia	l is U18)	<u>'</u>		•				
Name:	3 (Signature:					
Last Updated:	05 February 2024	1			1			Version: 1.1	

