

Media Signing-On

To prevent compatibility issues please view this form with Adobe Reader

Organising Club:		Permit No(s):	
Event Name:		Event Date:	
UNDERTAKING			
I declare that I am over 18 years of age and of the event.	I agree to act, at all times	, in accordance with the instruct	ions of Officials
I further declare that I am physically and m immediately should any change in my cond would affect my ability to carry out my fund	dition occur which I have i		
I am not currently experiencing any symptoms of COVID-19 and have not done so for 10 days. I have not knowingly been in contact with anyone showing symptoms within the last 10 days, except as a healthcare professional. If after submitting this form I do knowingly come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event, notify Motorsport UK and ensure that my close contacts also do not attend. Should I become ill at or start to exhibit COVID-19 symptoms at the event I shall withdraw safely and notify the Secretary of the Meeting by telephone / SMS accordingly including identification of those others who I have come into contact with at the event. In addition, I confirm that the symptomatic person will as soon as practicable contact the NHS for the purposes of test and trace. If I have knowingly contracted COVID-19 I declare that I have been symptom free for at least 10 days, and am physically fit to compete with no new medical problems that may affect my ability to safely operate a motor vehicle in competition.			
I agree to abide by all Government and Morthat Motorsport UK Guidance on COVID-19 shall supersede the General Regulations by action being taken (C.1.1).	in relation to Events has	Regulatory status and to the ext	ent applicable
I acknowledge the nature and type of the componential risk inherent in motor sport a and proper regard for my safety and that of promotion and/or organisation and/or concentration.	nd that I will undertake m f others. I understand that	ny function with its associated ris all persons having any connecti	sks with due on with the
I understand and agree that my personal damay be used for the purposes of COVID-19 with Motorsport UK data protection policy:	infection tracing, and wil	l be handled by the organisers in	
I hereby agree to abide by all applicable Mo Safeguarding and Anti Alcohol and Drugs p	•	Guidelines including but not exc	clusively
Name:	Motorsport UK	Email:	
	ID No:	Tel:	
Representing:	Signature:	Date:	

Last Updated: 26 April 2021

Emergency Contact (Optional):



Name:

Tel:

Postcode: