

RETURN THIS DECLARATION VIA RETURN EMAIL TO THE EVENT SECRETARY AND CC clubevents@mcfederation.com WITH THE ORGANISERS NAME AND EVENT DATE IN THE SUBJECT BAR.

Event: Organisers Name:
 Venue: Permit No: Date of Event:

By submitting this document, I am stating that the information given is correct and I have read and agree to the declaration as written.

MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH

You must agree to the following declaration and paragraphs below which are designed to create a legally binding relationship in return for you being allowed to enter and take part in the above detailed event.

Declaration by rider / competitor

In consideration of being permitted to participate in this event I declare that:

I have been given the opportunity to read the Codes of Practice and Regulations of the MC Federation, the Supplementary Regulations for this Event as well as the **MCF COVID-19** Guidance for Events and I agree to be bound by them in every respect.

I further agree that I shall not seek to claim against MC Federation, the organisers, their officials, the land owners, the promoter or other bodies or individuals connected with the event(s) in respect of any loss or damage to my property howsoever caused, and whether by negligence or breach of statutory duty of the said bodies or persons.

1. I confirm the contents of this document, my licence application and entry form are true.
2. I will satisfy myself (by walking, sighting lap or otherwise) before taking part that the venue, track and weather conditions are acceptable to me with regards to its features, physical layout and condition. If not in any way satisfied or confident with the conditions I will withdraw from the event and not go out on track.
3. By taking part I accept the risks involved including the risk of injury or death.
4. I declare that I am competent to take part. I will NOT enter or take part in any practice where I have a doubt as to my safety.
5. I declare that I am medically fit.
6. I declare that my machine is safe, complies with the regulations and is fit to use in this competition/practice/training event.
7. I am not taking any drugs (prescribed or otherwise) that will impair my ability to take part.
8. I have read and understood and will comply with all regulations and instructions relevant for this event.
9. I will tell the event secretary or appointed official immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this Declaration or I become aware that I have become unable to compete due to physical or other disability.
10. I am not currently experiencing any symptoms of COVID-19 and have not been in contact with anyone showing symptoms within the last 14 days,
11. If after submitting this declaration I do come into contact 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 the MCF and ensure that my close contacts also do not attend the event.
12. 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.
13. I agree to abide by all Government and MCF requirements imposed in respect of COVID-19. I understand that breach of this obligation may lead to being disqualified from the Event.
14. If under the age of 18, my parent/guardian has read the above and submit my name below to confirm agreement with the declaration.

No.	Competitors Name	2020 MCF Licence Number	I the competitor confirm I have read and agree to the conditions of this event as stated above and in the regulations of the MCF;	Person with Parental responsibility (Where the competitor is under 18 years of age)
			YES / NO	Name; Contact No. Relationship to Competitor:

STAY ALERT > CONTROL THE VIRUS > SAVE LIVES

Section 2 - Medical Information

Please answer all the questions truthfully. A false declaration may have serious consequences.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions?			
1) Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?		Yes	No
2) Any condition that might cause dizziness, vertigo or loss of balance?		Yes	No
3) Have you been unconscious because of a head injury or suffered from concussion?		Yes	No
4) Any brain disorder such as a stroke, MS or Motor Neurone disease?		Yes	No
5) Any loss of strength, feeling, control or movement of any of your limbs, head or neck?		Yes	No
6) Amputation of any part of your limbs with or without an artificial replacement?		Yes	No
7) Any condition or operation involving your heart or main blood vessels or any high blood pressure?		Yes	No
8) Any kind of tumour or cancer?		Yes	No
9) Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin?		Yes	No
10) Any psychiatric or emotional illness or any alcohol/drug/substance misuse?		Yes	No
11) Any condition affecting your vision or eyes, including colour blindness?		Yes	No
12) Are you taking any medication? (Include all tablets, medicines etc. whether prescribed or bought over the counter.)		Yes	No
13) Are you currently experiencing any symptoms of COVID-19 or been in contact with anyone showing symptoms within the last 14 days?		Yes	No
If you answer 'Yes' to any of the above questions, please give full details here. This should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking:			
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HAVE YOU READ AND AGREE TO THIS			
Have you previously been diagnosed with COVID-19 as confirmed with a positive test for COVID-19 (not antibody test)?		Date of Positive Test:	

By submitting this document, I am stating that the information given above is correct and I have read and agree to the declaration as written.