



28 West Main Street, Uphall,
West Lothian, EH52 5DW
Tel: (01506) 858354

PARENTAL AGREEMENT FORM 2020

RIDER Surname	First Names(s)
Address	
Post Code	Telephone
Date of Birth	Comp.Lic.No/Trials Reg No
I	Residing at
of	the Parent / Guardian child's name)

Understand that my child (child's name) (hereinafter referred to as my child) wishes to participate in motorcycling events for which he/she is eligible and entered for during the period till the end of this year.

I declare as follows:-

- That I am familiar with the nature of the competition and the risk inherent therein and that I will have the opportunity to inspect the course/track/circuit and its facilities before he/she attempts them.
- I am satisfied and content that my child be allowed to participate as a competitor and that he/she is competent to do so.
- In consideration of the organisers allowing my child to compete I hereby agree and undertake to indemnify the Scottish Auto Cycle Union, it's organisers, their servants of agents, officials, the promoter or other bodies or individuals connected with the event in respect of any claim by my child in respect of injury or any damage to my property howsoever caused and including without limitation their negligence and/or breach of statutory duty arising from my child's participation in the competition.
- My child does not suffer any physical or mental disability, which would make it unsafe for him/her to participate as a competitor.
- It is my responsibility to ensure that my child and I have read and understand the General Regulations of the National \Sporting Code of the ACU/SACU, Standing Regulations, Supplementary Regulations and Entry Form and that he/she will comply with them.
- To the best of my belief my child possesses the standard of competence necessary for an event of the type to which his/her entry relates and that the machine entered is suitable, roadworthy, safe and complies with the Regulations.
- ACKNOWLEDGEMENT OF THE RISKS OF MOTORSPORT: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, any event organiser, any circuit owner, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.
- I declare as follows: - I have read and understood the "Acknowledgement of the risks of motorsport" which appears above. I appreciate the dangers inherent in motorsport which include the risk of death or permanent disablement. The child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate either as a Competitor or for Practice
- I accept that photographs or video films may be taken of my child by officials dealing with safety issues or accident investigations
- I consent to details of any injuries to the child in my care may suffer at this event being passed between all medical services and the Clerk of the Course/ Secretary of the Meeting.
- In the event of Non attendance at any race meeting I hereby confirm that.....
- Date of Birth.....Residing at Has full responsibility in guardianship for my said child..... Residing at..... For the entire duration of the said race meeting.
- They have the full consent and authority to act in loco parentis. My said consent and authority in giving this mandate is irrevocable.
- The said..... is not related by blood to the said

Print Name of Parent/Guardian..... Print Name of person acting as Guardian.....

Signature of Parent/Guardian..... Signature of person acting as Guardian

Print name of Witness..... Print name of Witness.....

Witnessed by..... Witnessed by.....