

## DECLARATION BY DRIVER/RIDER

EVENT NAME & DATES

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**COMPETITOR NUMBER:**

I, (name of driver/rider) \_\_\_\_\_ on behalf of all the persons who will travel in or upon the vehicle I will be driving on this event, undertake to ensure that valid indemnity forms, for all accompanying me, have been completed and submitted to the organisers that indemnify Motorsport South Africa, the Southern African Veteran and Vintage Association (SAVVA) and their affiliated clubs, SAVVA Motorsport, all herein referred to as the Regulatory Bodies and any Official, Representative, Promoter, Organiser, Sponsor, Tender, Guarantor organising this event, the owner/owners of any property on or upon which the event is held and any Government, Provincial, Regional Services Board or Municipal Body and their representative agents, against any Legal Liability for any damage or injury that may arise during participation in the event, organised by the Regularity Bodies and persons described herein.

I participate willingly in this event and, should there be any mishap or occurrence giving rise to damage or injury, I take full responsibility. I further declare that I and the persons travelling with me, have been made aware of the risks, dangers and perils attendant upon motorsport activities.

I further declare that the vehicle that has been entered, which I will be driving on the event, is in a roadworthy condition within the limitations of the year of manufacture and is licensed for use on a public road.

I further declare that I am not aware of any known medical reason affecting my ability to take part in this event and that the information given in the documentation submitted is true and correct.

Signature:..... Date: .....

**MEDICAL AID INFORMATION (DRIVER / RIDER)**

<b>Name:</b>
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<b>Comp No.</b>
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In the event of an emergency, the following information may be required.

(Please indicate if NOT a member of a medical aid)

Name of Medical Aid:	
Medical Aid Membership No.	
Primary Member	
Emergency contact, name & No	

**MEDICAL AID INFORMATION (Navigator /co-driver)**

**Name:**

**Comp No.**

In the event of an emergency, the following information may be required.

(Please indicate if NOT a member of a medical aid)

Name of Medical Aid:	
Medical Aid Membership No.	
Primary Member	
Emergency contact, name & No	

**MEDICAL AID INFORMATION (Passenger 1)**

**Name:**

**Comp No.**

In the event of an emergency, the following information may be required. (Please

indicate if NOT a member of a medical aid)

Name of Medical Aid:	
Medical Aid Membership No.	
Primary Member	
Emergency contact, name & No	

**MEDICAL AID INFORMATION (Passenger 2)**

**Name:**

**Comp No.**

In the event of an emergency, the following information may be required. (Please

indicate if NOT a member of a medical aid)

Name of Medical Aid:	
Medical Aid Membership No.	
Primary Member	
Emergency contact, name & No	