



Rec'd Paid	Comp. No
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Domain Hillclimb

Saturday 17 October 2015

ENTRY FORM



COMPETITOR: (Car Owner) Name.....
 Address..... Post Code.....
Contact Details: DayNight..... Mobile..... Email

Do you wish to receive email information about other CMI events Yes No (please circle)
CAMS licence number: Type.....

DRIVER: Name.....
 Address..... Post Code.....
Contact Details: Day.....Night..... Mobile..... Email

Do you wish to receive email information about other CMI events Yes No (please circle)
CAMS licence number: Type.....

CAR: Make Model Colour 4WD Y / N
 Capacity (forced Induction Y / N) Preferred Comp. Number

Held under the International Sporting Code of the FIA and the National Competition Rules of CAMS

DISCLAIMER: EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK. COMPETITORS AND/OR DRIVERS

Competitors: I/We being the competitor/s of the vehicle described on this Entry Form wish to enter that vehicle for the above event.
Competitors and Drivers: I/We being the competitor/s and/or driver, certify that the particulars on this form are true and correct in every particular, to the best of my/our knowledge and belief.
 I/We declare that I/We have read and understood the Supplementary Regulations issued for the event, and agree to be bound by them and the provisions of the National Competition Rules of the Confederation of Australian Motorsport Limited ("CAMS"). In exchange for being able to attend or participate in the event (including entering the event), I agree: to release CAMS and Australian Motor Sports Commission Ltd, promoters, sponsor organizations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury(including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law.
 that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
 to attend or participate in the event at my own risk.
 I/We acknowledge that:
 the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
 acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
 the failure or unsuitability of facilities (including grandstands, fences and guard rails) to ensure the safety of persons or property at the event.
 motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.
 I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities. I understand that this disclaimer is not intended to exclude any valid claim I may have under the CAMS Personal Insurance Scheme.

DATE / /
 COMPETITOR/DRIVER SIGNATURE
 DRIVER'S CLUB MEMBERSHIP NUMBER

PARENT/GUARDIAN CONSENT - PERSONS UNDER 18 YEARS OLD
 I
 of [Address]

am the parent/guardian* of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor.
 I consent to the minor attending/participating in* the event at his/her own risk.

Signed: Date:.....
Parent/Guardian* *Delete whichever does not apply

ENTRY FEE ENCLOSED
(Cash/Cheque): \$160

Cheques payable to: Club Motori Italia Inc. at
 PO Box 514 North Hobart 7002
 Online transfer to: myState BSB 807-009
 Account no. 51338411. Please indicate
 surname on transaction and email completed
 entry form to: clubmotoritalia@gmail.com.

CAR SCRUTINY REPORT: (items as may be required for event category)

	OK	not		OK	not		OK	not
Safety helmet (AS1698+)	[]	[]	Suspension	[]	[]	Camera/s mounts	[]	[]
Drivers Apparel	[]	[]	Brakes	[]	[]	Steering	[]	[]
Fire extinguisher	[]	[]	Wheels/tyres	[]	[]	Fluid leakage	[]	[]
Seat belts/Harness	[]	[]	Valve caps	[]	[]	Throttle closures	[]	[]
Bonnet catches/straps	[]	[]	Tailshaft safety	[]	[]	Other.....	[]	[]

Vehicle Passed: Yes / No. **Scrutineer**..... **No** **Date**.....

