4x4 Experience Indemnity Form 06.11



This form must be completed by ALL person participating in an official NORA training, coaching or experience session when not in possession of an annual NORA competition licence.

WARNING MOTORSPORT AND MOTORCYCLING CAN BE DANGEROUS Despite the organisers taking all reasonable precautions, unavoidable accidents can happen. Please comply with all instructions given and notices and remain in permitted areas only. **Section 1 - Participant Details** Title Surname: First Name: Gender: M: F: Date of Birth: Address Postcode: Mobile No. E Mail Address Section 2 - Person with Parental Responsibility (under 18's) Fill in address and contacts only if different from above Title Surname: First Name: Address Postcode: Mobile No. E Mail Address Relationship to Participant Section 3 – Declaration In consideration of being permitted to participate in this experience session I, the undersigned, declare as follows: I will listen to and abide by the instructions given to me. I will wear the appropriate safety clothing as instructed and that my vehicle is suitable for the intended purpose, road legal, taxed and insured. I am fit and not suffering from any physical or mental disability which would impair my safe participation in the session. As a candidate I may be exposed to the risk inherent in motorsport and off-roading and that I am prepared to take such risks. I further agree that I shall not seek to claim against NORA 92 Ltd, their instructors or other bodies or individuals connected with the experience sessions in respect of any damage or injury to myself or my property howsoever caused, and whether by negligence or breach of statutory duty of the said bodies or persons. Motorsports and off road driving carry risk, you can be hurt or seriously injured. If you do not want to take that risk, please tell us and do not go out. Do not drive beyond your capabilities and if you do not feel confident, stop, tell your instructor and they will get you through the area of concern. **Section 4 - Signature** I have read and understand the declaration above. Signed Date Person with parental responsibility for under 18-year olds.

Date

Please do not send me information about future NORA events

Name

Signature