

# Entry Form

## 1. Rider 1:

Name:.....

Address:.....

Phone:..... Age on 06/11/10:.....

MNZ Licence Number.....or Day Licence required { } Signed.....

## 2. Rider 2:

Name:.....

Address:.....

Phone:..... Age on 06/11/10:.....

MNZ Licence Number.....or Day Licence required { } Signed.....

## 3. Bike:

Make:..... Model.....CC rating.....

## 4. Indemnity:

DISCLAIMER OF LIABILITY: To Pacific Motorcycle Club, and Motorcycling New Zealand Inc.

1. I have read the Supplementary Regulations for this Competition and agree to be bound by them and the Manual of Motorcycle Sport, the MNZ Constitution, and the MNZ Code of Conduct.
2. I am aware that the sport of Motorcycle Competition might a) cause me injury: serious or otherwise b) damage my property.
3. I wish to take part in the 6 Hour Challenge despite the above risks.
4. Neither I, or anyone associated or connected with me will make any claim against you or your officers, employees or agents in respect of: a) any injury suffered by me: or b) any damage to any of my property regardless of how the injury or damage occurs.
5. I will indemnify you against all claims, damages or losses (including costs) which you incur as the direct or indirect result of any injury to me or damage to my property.
6. I am physically fit and there is no health or other reason why I should not participate in the sport of Motorcycle Competition.
7. I am aware that this disclaimer will not affect any legal obligations you have to me which you cannot contract out of under NZ Law.
8. I agree that in this disclaimer "my property" includes any property owned by me or in my possession or under my control.
9. I agree that this disclaimer will be binding on my family, my heirs, my legal assigns and my administrators and executors.
10. I accept that stripping and re-assembly for Technical Checks are at my cost.
11. I consent to the details contained in this form being held by the Pacific Motorcycle Club for the purpose of the promotion and the benefit of the race meeting concerned, and Motorcycling in general. I acknowledge my right to access and correction of this information. The consent is given in accordance with the Privacy Act 1993.
12. MNZ supports the FIM/IOC Charter on drugs in Sport. MNZ uses the services of Drug Free Sport NZ to professionally carry out the testing. I acknowledge by signing this form I maybe subjected to a drug/alcohol test at any time. I agree to such testing. I further agree that my name can be published by MNZ as having taken part in a drug/alcohol test together with the results of that testing.
13. I confirm that my machine complies with any technical rule(s) set out in the Manual of Motorcycle Sport and/or the Supplementary Regulations and that, to the best of my knowledge and belief, it is in safe working order and fit for competition.

Date.....

Signature of Rider:.....

Parent/Legal Guardian (who is to be present on race day if rider is under 16 years of age)

## 5. Class: Please choose one Class:

**LIMITED ENTRIES!**

Entries close 30<sup>th</sup> October

Late entries (if numbers allow) add \$30

- |                          |                               |       |
|--------------------------|-------------------------------|-------|
| <input type="checkbox"/> | Ironman:                      | \$100 |
| <input type="checkbox"/> | Ironman Veteran               | \$100 |
| <input type="checkbox"/> | Up to 200CC 2 Stroke Team     | \$200 |
| <input type="checkbox"/> | Over to 200CC 2 Stroke Team   | \$200 |
| <input type="checkbox"/> | Up to 300CC 4 Stroke Team     | \$200 |
| <input type="checkbox"/> | Over to 200CC 4 Stroke Team   | \$200 |
| <input type="checkbox"/> | Veteran Team (35+)            | \$200 |
| <input type="checkbox"/> | Super Veteran Team (45+)      | \$200 |
| <input type="checkbox"/> | Mixed Team (one female rider) | \$200 |

Note: A team is 2 riders who share the same bike

\$.....

## 6. Embroidered Shirts: \$55 each

- M     L     XL     XXL     XXXL

Limited & guaranteed only to preorders

\$.....

## 7. MNZ Day Licence: \$20 each

- Number required

\$.....

## 8. Extra meal tickets at 20.00 . Number required

\$.....

## 8. I enclose my cheque to cover my fees.

*Do not send cash*

\$.....

## 9. Send with a stamped, self addressed envelope to:

*Suzuki Six Hour Challenge, PO Box 5075, Napier 4145*