

**CERTIFICATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK**

Please read carefully, fill in blanks and sign and date the form.

I, \* \_\_\_\_\_ \* (Participant's name) hereby confirm that I must and will not participate in any activity unless I have read and understand the Open Practise Day Circuit Regulations and I have examined the circuit and I am happy with its conditions with respect to the speed that will be reached by my vehicle.

I understand that I will abstain from participating should I not agree to accept the inherent risks involved.

I further state that I am in good physical and mental health, my eyesight (as corrected as appropriate) is up to the standard required for a road driving test and I am not suffering from any other medical condition or disability which might make it unsafe for me to drive and/or I am not aware of any impairment of my child or charge's condition.

I further state that I do not suffer from epilepsy, fits, recurrent blackouts, fainting spells or giddiness, back, neck or spinal complaint, dislocation, weakness or injury involving breaking of any limbs, diabetes, lung or heart disease or severe head injury, or pregnancy which might make it unsafe for me to drive and/or I am not aware of any such impairment of my child or charge's condition.

I further state that I am not participating against medical advice and that I have not been diagnosed as having a terminal illness which might make it unsafe for me to drive.

I further declare that in the event of feeling physically or mentally unwell or suffering an injury of any description during the course of Karting activities, I will notify the proprietor of the premises where the activity is taking place or his authorised representative immediately. I will thereafter immediately discontinue any Karting activity should I be instructed to do so by the circuit.

I will ensure that I have read the safety flag meanings and understood them before I enter the pit lane. I accept that my driving standards and my kart are my own responsibility and I will at all times drive with the safety of myself and others in mind and I accept that motor sports are dangerous. I accept that it is my responsibility to ask a member of staff for circuit rules and regulations before I begin.

I accept that it is my responsibility to study and observe driving standards of others and at all times drive with caution to other drivers and myself.

I confirm that I have not consumed any alcohol 12 hours prior to the commencement of today's activity. I further confirm that I am not in possession of any alcohol nor have I brought any onto the premises.

By my signature I accept that I fully understand the terms of this document and the reasons why I have been asked to sign it and hereby confirm that I am signing it of my own free will.

**I FURTHER EXPRESSLY CONFIRM THAT I UNDERSTAND THAT KARTING AND ITS RELATED ACTIVITIES ARE NOT WITHOUT RISK AND THAT ACCORDINGLY I UNDERTAKE TO ACCEPT RESPONSIBILITY TO LOOK AFTER MYSELF AND THOSE AROUND ME IN A CAREFUL AND THOUGHTFUL MANNER AT ALL TIMES WHILST ON THE PREMISES.**

PLEASE HELP US TO HELP YOU HAVE AN ENJOYABLE KARTING EXPERIENCE BY:-

- 1) Obeying all the instructions that you receive immediately;
- 2) Looking after yourself at all times; and
- 3) Acting in a careful and considerate way towards everyone else on the premises.

**A FAILURE TO COMPLY WITH THESE BASIC REQUIREMENTS WILL RESULT IN AN IMMEDIATE CESSATION OF KARTING.**

I further state that I am of lawful age and legally competent to sign this certificate and that I have acquired the written consent of my parent or guardian as appropriate, I confirm that I am 16 years of age or over. If participant is aged 18 years of age or under, a Parent, Guardian or Adult "in loco parentis" must sign the following section. ALL NEW DRIVERS TO RYE HOUSE MUST FIND THE MANAGER ON DUTY TO BE GIVEN CIRCUIT RULES; I ACCEPT THAT THIS IS MY RESPONSIBILITY TO FIND MANAGEMENT AND THAT FAILURE TO DO SO RELINQUISH MY RIGHTS TO DRIVE ON THE CIRCUIT OR IN THE PIT LANE.

Drivers First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel Day: \_\_\_\_\_ Tel Mobile: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Next of Kin Contact No: \_\_\_\_\_

Email address: \_\_\_\_\_

**\*\*Signature of Parent or Guardian\*\***

If participant is a Minor (under 18 years) and by their signature, on my behalf release All claims that they and I have.

Drivers Signature: \_\_\_\_\_ Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Data Protection Act – Your personal details will never be passed on to any person or organisation without your express permission in writing.

**Owner driver**