MOTORSPORT WORLD LIMITED

GROUP CERTIFCATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK Please read carefully, fill in blanks and sign and date the form.

(Parent o	r Guardian's Name) hereby confirm that I must and will not allow any driver to
participate in any activity unless they have first attended the driv	vers briefings where they will be advised and thoroughly informed of the iding but not limited to the fact that taking part in karting and related activities
I further state that following these briefings, I will ensure any driv the inherent risks involved.	ver abstains from participating should they not understand or agree to accept
	alth, their eyesight (or corrected as appropriate) is up to the standard required medical condition or disability which might make it unsafe for them to drive.
I further state that I am not aware that any driver suffers from Epform of psychiatric or mental illness.	pilepsy, Asthma, Fits, Recurrent blackouts, fainting spells or giddiness, any
	isting condition, such as but not limited to; back, neck or spinal complaint, abetes, lung or heart disease or severe head injury which led or may lead to them to drive.
I further state that I am not aware of any driver participating again	inst medical advice or having been diagnosed as having a terminal illness.
	river feeling physically or mentally unwell or suffering an injury of any erace director of the proprietor or his authorised representative immediately, uses any karting activity.
I further confirm that I am not in possession of any alcohol, drugs any onto the premises.	s or any banned substance under the Olympic guidelines nor have I brought
I understand that the terms of this document and the reasons whown free will.	hy I have been asked to sign it and hereby confirm that I am signing it of my
LISTED DRIVERS UNDER MY SUPERVISION TO PARTICIPATE AN	LL BE SOLELY RESPONSIBLE FOR ANY DECISION AS TO THE FITNESS OF THE D AS TO WHETHER THEY SHOULD DRIVE OR DISCONTINUE TO DRIVE A KART SESSION OR UNDER THEIR CONTROL.
	HE RIGHT TO REMOVE ANY PERSONNEL FROM THE CIRCUIT AT ANY TIME IF INGEROUS OR DETRIMENTAL TO OTHER CIRCUIT USERS.
I, the undersigned, hereby declare that I have read and agree to a	abide by the conditions contained in this document.
Name of Parent or Guardian	Name of each Driver : Age (Please write clearly in block capitals)
Signature of Parent or Guardian	:
If Participant is a Minor, and by their signature, on my behalf release all claims that both they and I have	::_:
DATE Contact Number	
Address	
E-Mail Address	
Data Protection Act - Your personal details will never be passed of	on to any person or organisation without your express permission in

writing.

JUNIOR