

## PARENT / GUARDIAN AGREEMENT (This page must be completed)

## All junior formulas plus 16 and 17 year olds

I	(	print your full name), the parent and/or guardian
Of	(۱	print applying racing driver name) understand that my
child	(	print name) wishes to participate in racing at Swaffham Raceway.
I confi	irm I am familiar with the nature of the competiti	ion and the risks inherent therein and that I have been given the
oppor	rtunity before allowing	(print the name of the applying racing driver)
to rac	e, to inspect the course/circuit/track and its facili	ities. I hereby confirm I am satisfied and content that my
child		(name) be allowed to participate as a competitor and is competen
so to	do. In consideration of the organisers allowing m	y child(name) to complete
hereb	y agree and undertake to indemnify the organise	ers, officials, and land owners, Swaffham Raceway, its servants or
agent	s, and other competitors against all sums whethe	er by way of damages, costs or otherwise which they may be required
to pay	y my child	(name) for any reason whatsoever including without lim
itatior	n their negligence and/or breach of statutory dut	y arising from my child's participation in competition. I confirm that
my ch	ıild	(name) does not suffer from any physical or mental disability
which	would make it unsafe for him/her to participate	as a competitor.
I here	by acknowledge that it is my responsibility to ens	sure that I and my child have read and understood the rules and
regula	ations and that he/she will comply with them.	
I decla	are to the best of my belief that my child	(name) possesses the
standa	ard of competence necessary for an event of the	type to which his/her entry relates and that the machine entered is
suitab	ole and race worthy, is safe and complies with the	rules and regulations as specified in the Swaffham Raceway Rule
Book.		
Signe	d by the Parent and/or Guardian of:	
Signe	d:	
Date:		
Witne	essed by:	
Date:		