Booking Sheet

Version 3.0 – 30-11-10

In consideration of Parkwood Outdoors Ltd. accepting this application I undertake and agree:

1. **I declare that I am competent to drive the vehicle, I have some off road experience and I am familiar with my vehicle controls. E.g. Low Box, Diff Lock, Traction Control etc.** *I can confirm that I can perform a failed hill climb safely.*
2. By taking part I accept the risks involved including injury or death.
3. I declare that my vehicle is safe, complies with the venue operator's regulations and is fit to use in this event.
4. I am aware and accept that other participants will be on the course at the same time.
5. I am not taking any drugs (prescribed or otherwise) that will impair my ability to take part.
6. I have read and will comply with the venue operators site regulations and driving rules.
7. I will observe and obey all instructions given to me by the venue operator and its staff and understand that any marshal's decision is final.
8. To notify the venue operator of any medical conditions I have or of any medication that I am taking incase of an emergency situation.
9. If under the age of 18, my parent/guardian has read the above and signed opposite my name to confirm agreement with the declaration.

YOU MUST NOT ALLOW ANYONE TO DRIVE YOUR VEHICLE WHO HAS NO OFF ROAD EXPERIENCE they must also have signed in as a driver.

You will allocated an appropriate track depending on experience and your vehicles capabilities you must stick to your allocated route.

Name of Driver 1 ..... Signature: .....

2 ..... Signature: .....

Names of passengers *Parent/Guardian(Under 18s)*

1 ..... Signature: ..... _____

2 ..... Signature: ..... _____

3 ..... Signature: ..... _____

4 ..... Signature: ..... _____

Vehicle Make ..... Model .....

Vehicle Reg No ..... MOT Expiry Date .....

E-Mail Address ..... Telephone No .....

Mobile No .....

Address .....

.....

Please list any persons & Contact numbers that you wish to be contacted incase of any emergency situation.

Emergency Contact: Name & Telephone Number .....

Medical Checklist: Condition .....

Medication .....

Allergic to .....

If any info is listed under medical conditions please put the name of the person it applies to.