ONE EVENT LICENCE APPLICATION
02.02

Complete this form CLEARLY in BLOCK CAPITALS to apply for a NORA 92 Ltd one event licence.

Section 1 – Competitor Information

First Name: ..... Surname: .....

Address: .....

..... Post Code: .....

Date of Birth: ..... Club Name: .....

Email: ..... Nationality: .....

Mobile No: ..... Evening No: .....

Are you happy to receive information on future NORA 92 events? ☐ Yes ☐ No

Section 2 - Medical Information

Please answer all the questions truthfully. A false declaration may have serious consequences. If the answer is 'Yes' to any of the questions, please give full details in the space provided at the end of this section. This should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the names and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

1) Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?
2) Any condition that might cause dizziness, vertigo or loss of balance?
3) Have you been unconscious because of a head injury or suffered from concussion?
4) Any brain disorder such as a stroke, MS or Motor Neurone disease?
5) Any loss of strength, feeling, control or movement of any of your limbs, head or neck?
6) Amputation of any part of your limbs with or without an artificial replacement?
7) Any condition or operation involving your heart or main blood vessels or any high blood pressure?
8) Any kind of tumour or cancer?
9) Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin?
10) Any psychiatric or emotional illness or any alcohol/drug/substance misuse?
11) Any condition affecting your vision or eyes, including colour blindness?
12) Are you taking any medication?
(Include all tablets, medicines etc. whether prescribed or bought over the counter.)

Do you suffer from any of these conditions?

NO ☐

YES ☐

If yes, please give details in the box below

Details:

MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH
Read carefully before signing to ensure you agree.

1. The answers given by me in this Licence application are true.
2. I fully understand the type of the events which the Licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
3. I will ensure that before I enter any event, I am competent to compete and that any vehicle that I use is safe and fit for the competition and nature of the course.
4. I will satisfy myself (by sighting lap or otherwise) before taking part that the venue and track is acceptable to me with regard to its features and physical layout (unless prohibited to do so).
5. I will NOT enter or take part in any competition where I have a doubt as to my safety.
6. I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this Licence or I become aware that I have become unable to compete due to physical or other disability.
7. I agree to accept the risks of injury and death that are inherent in motor sports and agree to take part at my own risk.
8. If under the age of 18, my parent / guardian has read the above and signed the declaration and agreement below.
9. I agree that my details may be passed to the NORA92 should I be treated on site by the medical team.
10. **This Event Licence does not come with personal accident insurance cover.**

Signed…… Print name…….…….. Date……

If the applicant is under 18 Please read and sign below:

I the parent, or person with parental responsibility, do declare that the information given above is correct and that I have read and agree to the declaration as written.

Signed…….…… Print name…….…….. Date……

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