

TEST DAY ENTRY FORM FOR MASTERS ENDURANCE LEGENDS

THURSDAY 29th JULY 2021

- TEST DAY FOR THE 2021 CLASSIC IN GROUPED SESSIONS BETWEEN 09:00 – 17:00
- DEDICATED 30 MINUTE SESSION FREE OF CHARGE FOR MEL FROM 16:30 – 17:00 *TIMINGS SUBJECT TO CHANGE
- OPPORTUNITY TO PARTICIPATE IN 2 FURTHER 30 MINUTE SESSIONS AS NORMAL FOR £395 PLUS VAT (£474)
- OPEN ONLY TO COMPETITORS AND THEIR RACE CARS REGISTERED FOR THE 2021 EVENT. ACCESS TO THE VENUE FOR TESTING WILL BE VIA THE ACCREDITATION PROVIDED AS PART OF YOUR RACE ENTRY
- A SECOND FORM MUST BE COMPLETED AND RETURNED, LESS PAYMENT, WHERE BOTH DRIVERS ARE TESTING. IF TESTING MORE THAN ONE CAR, SUBMIT ONE FORM PER DRIVER PER CAR

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| RACE ENTERED: Masters Endurance Legends | | |
| <input type="checkbox"/> I only wish to participate in the free of charge dedicated MEL session (please leave payment details blank at the bottom of this form) | | |
| <input type="checkbox"/> I wish to participate in the dedicated MEL session as well as 2 further sessions (please fill in payment details at the bottom of this form) | | |
| DRIVER DETAILS. Last Name: | | First Name: |
| Address: | | |
| Town: | | Postcode: |
| Country: | Email: | |
| Telephone: | Mobile: | |
| Race Licence No: | Grade: | |
| 2nd DRIVER DETAILS (if applicable). Last Name: | First Name: | |
| Race Licence No: | Grade: | |
| CAR DETAILS. Make: | Model: | |
| Year: | Colour: | CC: |

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS

1. I understand the nature of the activity I wish to undertake and acknowledge the risks involved.
2. I confirm at the time of the event I hold a current and valid competition licence. 3. I am competent to take part in the activity and if using my own vehicle I confirm it is fit for purpose.
4. I am not suffering from any physical or mental infirmity nor taking any drugs (whether prescribed or otherwise) that may impair my ability to take part in the activity. I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period before taking part in this activity.
5. I am not currently experiencing any symptoms of COVID-19 and have not been in contact with anyone showing symptoms within the last 14 days, except as a healthcare professional. If after submitting this form I do come into contact (except as a healthcare professional) with someone with COVID-19 or if I start to exhibit any of the signs indicating that I may be infected I will immediately withdraw from the event and notify Silverstone Circuits Ltd (SCL) and ensure that any close contacts also do not attend. Should I become ill at or start to exhibit COVID-19 symptoms during the event, I will withdraw safely and notify SCL by telephone including identifying those others whom I have come into contact with during the event.
6. To abide by all Government and SCL requirements imposed in respect of COVID-19.
7. To withdraw from the activity if for any reason I feel unsafe in continuing and to advise SCL forthwith if any change in my health occurs.
8. I shall hold harmless and not make any claim against SCL, Goose Live Events Ltd (GLE), Historic Sports Car Club Ltd (HSCC) and its employees or contractors, if during the activity my vehicle is damaged, develops a fault or becomes a total loss for any reason or whether as a consequence of being driven by me. I accept that this is reasonable in the context of my decision to use a vehicle owned or under my control for the activity.
9. I shall hold harmless and keep indemnified SCL, GLE, HSCC, its officials, servants, representatives and agents, and any other person or organisation using the venue in respect of all claims, costs, expenses and demands in respect of death of, or injury to, or loss of or damage to me or my property arising in pursuance of my undertaking the activity (save that nothing in this document shall operate so as to exclude liability for death or injury caused by any negligent act or omission of the aforementioned parties).
10. In the event of accident, loss or damage occurring during the activity, I will not pursue any claim for damages against any other participant (save in respect of injury or death).
11. I accept I shall be solely responsible for any decision to drive any vehicle or use any equipment at any time whilst it is in my possession or under my control and I acknowledge that if I should be dissatisfied prior to or whilst driving a vehicle or using the equipment as to the satisfactory condition of the vehicle or the equipment I am required to discontinue driving the vehicle or using the said equipment forthwith.
12. I confirm I am solely responsible for my own conduct and my vehicle and that I shall at all times drive in a safe manner to ensure that I do not put myself or other users at risk and in any event in accordance with the instructions provided at the briefing or at any other time during the day.
13. I accept that I shall be solely responsible for any decision as to my fitness to participate in the activity. I understand that SCL reserves the right to remove me from the activity if it considers my actions to be dangerous or detrimental to others.
14. I understand that I am obliged to obey any reasonable instructions given to me by any official during the course of my participation in the activity. I understand that I am at no time to venture onto the circuit unless directed by an official.
15. I understand that no passengers are permitted during this activity. 16. I understand that I must be attired as is required for competition.
17. I confirm that any images (moving or still) that I, or any person attending as my guest, take are for our personal use only and may not be used for commercial purposes or broadcasting.
18. SCL has in place comprehensive insurance in respect of its obligations in providing the activity and facilities. I understand that such insurance does not apply to my own participation and that I am responsible for providing my own insurance should I require it.
19. I understand that all test entry data will be processed by HSCC for and on behalf of SCL.

SIGNATURES: This entry form is not valid unless the driver has signed below.

| | |
|-----------------|--------------|
| Driver: | Date: |
| Entrant: | Date: |

Any indemnity and or declaration prescribed above which is signed by a person who has not reached his or her 18th birthday must be countersigned by that person's parent or guardian:

| | | | | | |
|-----------------------------------|------------|-----------|--------------------------|------------|-----------|
| Driver under 18? | Yes | No | Entrant under 18? | Yes | No |
| Parent/Guardian Full Name: | | | Relationship: | | |
| Address: | | | Postcode: | | |
| Telephone: | | | Signature: | | |
| | | | Date: | | |

SCL would like to keep you updated on plans for The Classic as they unfold via a monthly newsletter - this will be sent to you by email. Please tick here to receive this

You may choose to unsubscribe from these newsletters at any time - a link to enable you to do this is available with all email communications.

If you'd like to contact the event organiser, Goose Live Events, by phone, the number is: +44 (0) 1483 524424. You can read the event Privacy Policy at: <https://www.silverstone.co.uk/privacy-policy>

The Classic is delighted to be partnered with Alzheimer's Research UK, the events official charity partner. If you would like to donate to this worthwhile cause please follow the link <https://justgiving.com/campaign/silverstoneclassic>

Please complete and return by Thursday 15th July to:
 Email: office@hsc.org.uk, or post: Historic Sports Car Club Ltd., Historic Air Traffic Control Tower, Silverstone Circuit, Silverstone, Nr.Towcester, NN12 8TN.
 Telephone: +44 (0) 1327 858400, VAT Registration Number: 413 3854 67

Payment Details/Method. Please fill in your Visa/Mastercard/Debit information below.

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|----------------------|--|---------------------|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|
| Card Number: | | | | | | | | | | | | | | | | | | | |
| Start Date: | | Expiry Date: | | Issue No: | | | | | | | | | | | | | | | |
| Name on Card: | | | | | | | | | | | | | | | | | 3 Digits on Reverse: | | |