

For Office Use

AFFIX DRIVER
PHOTOGRAPH



For Official Use Only
Drivers Name: _____
Race Car No: _____
Formula: _____
Insurance: _____
Standard **under 18 policy**
Amount Paid £ _____ (CHQ/CSH/C/C)
Date paid: ____/____/____
Received Payment at: _____
Date licence issued: ____/____/____

Please fully complete this licence/contract application form, and mail it back to the following office. Please ensure that your payment and photos are enclosed.

SPEDEWORTH INTERNATIONAL EA LTD
Spedeworth House, Hollybush Industrial Park,
Hollybush Lane, Aldershot,
Hants, GU11 2PX
Tel. 01252 322920
Email: info@spedeworth.co.uk

JUNIOR AMERICAN CUP CARS 2024 LICENCE APPLICATION

THIS AGREEMENT is made between Incarace Limited after referred to as INCARACE AND

(FULL) NAME _____ **AGE** _____ **Years (at last birthday)**

Date of birth ____/____/____ (Drivers registering with INCARACE for the first time should enclose Original Birth Certificate)

Date of Application : ____/____/____

To terminate on the 31st December 2024 or upon my 16th birthday if this precedes this date, or otherwise in accordance with the terms of this contract.

I understand that I may race a Junior Formula and confirm that I am competent and capable of doing so. I fully understand the nature and type of racing in which I wish to participate and am fully familiar with the nature, layout, features and geography of the circuits upon which I wish to race.

DRIVER TO SIGN _____

I, the DRIVER, hereby apply to Incarace to race a Junior American Cup Car on their controlled racing circuits. I am 8 years old or over, but not over 16. I understand that this license entitles only the driver to entry to the stadium on dates when racing. I have read this agreement and the Orci Rules of racing and agree to abide by them and the rules and conditions as set out below.

Parent/Guardian Agreement on page 4 of this contract must be fully completed by Parent or Guardian:

I agree:

1. Not to take part, as a person or allow my competition car, my name or racing number to be used with any other promotion advertising, at any time within the dates of this agreement, other than Incarace or affiliated racing organisation, or without written permission of Spedeworth/Incarace.
2. To abide by the rules at all times as laid down by INCARACE (and its Board of Control).
3. I hereby give Incarace the right to use my name or my racing number, and any photographs or video footage of me and or my race car, or similar for the purpose of advertising or publicity as they see fit.

4. I will pay to Incarace upon signing this agreement the sum of £50.00 (incl. VAT)
 Incarace will on acceptance of this agreement supply me with my racing number (exclusive to myself for the period of this agreement), one printed Rule Book for 2024, notification of my grading, membership to the Supporters Club and the opportunity to race according to the Rules set out in the 2024 Rule Book.
 I understand that it is my responsibility to ensure that I receive a copy of the 2024 rules and regulations.
 I understand that I will receive only one ticket for myself for each meeting when I sign in.
5. New applicants are required to complete a multiple choice written test and a basic driving skills test before being permitted to race. This must be arranged in advanced of your first race, via the Spedeworth office.
6. I understand that my sponsorship, advertising rights or benefits I might receive from the same, must be with the approval of Incarace.
7. I understand that any personal injury sustained during racing on INCARACE controlled tracks will NOT entitle me to the personal accident benefits listed in the Rule Book for Drivers aged 18 years and over, but a nominal amount will be paid by the Company's Insurers to a maximum of £1,000 for loss of eyes, limbs or permanent total disablement no other payments whatsoever will be made by INCARACE and INCARACE accepts no other responsibility other than stated herein.
8. That except in the case of death or personal injury caused by Incarace's negligence, or as expressly provided in this Contract, Incarace shall not be liable to me by reason of any representation (unless fraudulent), or any implied warranty, condition or other term, or any duty at common law, or under the express terms of the Contract, for any loss of profit or any indirect, special or consequential loss, damage, costs, expenses or other claims (whether caused by the negligence of Spedeworth/Incarace, its servants or agents or otherwise) which arise out of or in connection with the provision by Incarace of this Contract and the right to race at the Circuits or the use of the Circuits by me, and the entire liability of Incarace under or in connection with the Contract shall not exceed the amount of Incarace's charges pursuant to the Contract.
9. Either I or Incarace may (without limiting any other remedy) at any time terminate the Contract by giving written notice to the other if the other commits any material breach of the Contract and, if such breach is capable of remedy) fails to remedy the breach within 30 days after being required by written notice to do so, or if the other goes into liquidation, becomes bankrupt, makes a voluntary arrangement with its creditors, or has a receiver or administrator appointed.
10. This Contract constitutes the entire agreement between us and supersedes any previous agreement or understanding and may not be varied except in writing between myself and Incarace.
11. English law shall apply to this Contract and both I and Incarace agree to submit to the exclusive jurisdiction of the English Courts.

MEDICAL QUESTIONNAIRE – MUST BE COMPLETED

I hereby warrant the following answers are true and each warranty is repeated and continues to be true throughout the term of this agreement in respect of my medical condition.

Please put a 'X' next to the right answer

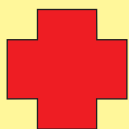
- | | | |
|---|-------------------------------------|------------------------------------|
| (a) Do you suffer from Epilepsy or sudden attacks of disabling giddiness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Are you suffering from any defect in movement or muscular power? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Are you suffering from any disease, medical condition mental or physical, or disability which may cause the driving by you in a competition to be a source of danger to yourself and to others? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Do you suffer from any back problems, which have caused, you to visit a Doctor within the last 12 months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| |
|---|
| ALL SECTIONS OF THIS LICENCE APPLICATION MUST BE COMPLETED INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED |
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If the answer is yes to any of the medical questions on page 2 of this form A DOCTORS LETTER WILL BE REQUIRED, prior to a racing licence being granted.

In order to process any insurance claim form we need to obtain the Incident Report Form.

Please sign here to authorise INCARACE to obtain this on your behalf.



Name: _____ **Date:** ____/____/____

Signature: _____

DRIVER'S FULL NAME (Block Capitals) _____

(1) **Previous racing number (if any)** _____ **Formula raced** _____

Year _____ **Previous Promotion** _____ **Last Grade Achieved** _____

(2) **Formula to be raced according to this application:** JUNIOR AMERICAN CUP CAR
Racing Number Requested _____

DRIVERS DATE OF BIRTH ____/____/____ **AGE AT LAST BIRTHDAY** _____

ADDRESS (Block Caps) _____

Postcode _____

Home Tel No _____ **Email address** _____

Parent Mobile Number: _____

May we give your telephone numbers out to other registered drivers? YES / NO
(Remember to check with your parents or guardians first)

SPONSORS NAMES _____

BIRTH CERTIFICATE DETAILS: NUMBER _____ **PLACE OF ISSUE** _____

2 recent passport size colour photographs of you must accompany this agreement.
Please print your name clearly on the back of each photo.

I declare to the best of my knowledge and belief, the answers I have given are true in all respects.

SIGNED BY APPLYING DRIVER _____ **DATE** _____

Signed for and on behalf of INCARACE

RACING OFFICIAL _____ **PRINT NAME:** _____

Please make cheques payable to: Incarace Ltd Credit Card Payments

Card Number: ____/____/____/____ (Min 16 digits)

Expiry Date. ____/____ **Valid from.** ____/____

Security Code (Last 3 digits) _____

Issue No (if applicable) _____

Amount to be debited £ _____

Cardholders signature : _____

This page must be completed

PARENT / GUARDIAN AGREEMENT

I, _____ (please print your full name) the parent and/or guardian of
_____ (please print applying racing driver name, herein referred to as 'my child')

understand that my child wishes to participate in racing at INCARACE Controlled Circuits. I confirm I am familiar with the nature of the competition and the risks inherent therein and that I have been given the opportunity before allowing my child to race, to inspect the course/circuit/track and its facilities. I hereby confirm I am satisfied and content that my child be allowed to participate as a competitor, and is competent so to do.

In consideration of the organisers allowing my child to compete I hereby agree and undertake to indemnify and keep indemnified the organisers, officials, land owners, INCARACE and employees, its servants or agents, and other competitors against all sums whether by way of damages, costs or otherwise which they may be required to pay to my child for any reason whatsoever including without limitation their negligence and/or breach of statutory duty arising from child's participation in competition and racing.

I confirm that my child does not suffer from any physical or mental disability which would make it unsafe for him/her to participate as a competitor. I have read this contract fully, and have ensured that my child has completed the contract honestly and accurately.

I hereby accept that it is my responsibility to ensure that my child and I have read and understood the rules and regulations and that he/she will comply with them. It is my responsibility to ensure that my child and I have received a copy of the 2024 rules and regulations (INCARACE Rule Book).

I declare to the best of my belief that my child possesses the standard of competence necessary for an event of the type to which his/her entry relates and that the machine (race car) entered is suitable and race worthy, is safe and complies with the rules and regulations as specified in the INCARACE Rule Book.

All contracts should be fully completed, signed and mailed with 2x photographs and payment to the office address as detailed on the front of this contract.

Signed by the Parent and/or Guardian

of: _____
(child's name)

Signed: _____

Date: _____

Witnessed by: _____

Date: ____ / ____ / ____

General Data Protection Regulation

Following the data protection law amendment in Europe in May 2018, Spedeworth Motorsports incorporating Spedeworth International (East Anglia) Ltd, Spedeworth International (Southern) Ltd, Incarace Motorsport Ltd, Mildenhall Stadium Ltd & Spedeworth Fabrications 2015 Ltd, are committed to keeping all the data that we hold for our drivers, staff, sponsors and spectators safe at all times.

Spedeworth Motorsports are asking for your consent to hold information for the right to use your name, race number, photographs or video footage, or addresses of yourself for the purpose of advertising or publicity as Spedeworth Motorsports see fit.

By signing below, you agree to Spedeworth Motorsports to hold your information and use for purposes as detailed above.

In the case of Junior drivers (under 18), this consent should be signed by the Parent/Guardian who has counter signed the licence.

Name _____ Signature _____ Date _____

Sign Here