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Entry Form

	ENTRANT	FIRST DRIVER	CO- DRIVER
Photo			
Family Name			
First Name			
Date of Birth			
Blood Group			
Postal Address			
Tel. (Office)			
Tel. (Resi.)			
Mobile Number			
Fax			
E-Mail			
Driving License Number			



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Competition License Number			
Details of the Car			
Make		Registration Number	
Model		Year of Manufacture	
Engine Number		Chassis Number	
Insured with		Valid Till	
Special rally cover		Valid for period	24th August 2014

Signature of Entrant

Signature of Driver

Signature of Co-Driver



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AUGUST 24TH MUMBAI TO LAVASA

Indemnity

APPLICATION

I the undersigned _____ hereby make an application to participate in the **TSD Rally for Healthcare Pro 2014** and certify that the particulars of my vehicle as stated in the application form are correct and certify that I have read the supplementary Regulations issued by the Organisers for the rally. I DO AGREE TO BE BOUND BY these supplementary regulations and by the international sporting code of the FIA and the National competition rules of FMSCI as well as the undertaking on this form.

DECLARATION

I have read the Regulation issued for this event and agree to abide by them. In consideration of the acceptance of the entry of this vehicle I agree to save harmless and keep indemnified the Govt. of India, the sponsors and their officials, agents, representatives, employees, the FMSCI and all persons assisting the in this event and all owners and tenants of private property traversed from and against all actions, claims, costs, expenses and demands in respect of death injury to myself or any other person or persons or loss or damage to any property including the vehicle concerned in this event or otherwise howsoever and not withstanding that the same may have been contributed to or occasioned by the negligence of their officials, agents, representatives, employees and all persons assisting them in this event. The indemnity shall be binding on my heirs, executors, administrations and legal representative.

I agree and undertake not to agitate, litigate or seek a decision of a court of law on any matter or question concerning or relating to the race coming from the submission of the entry form up to the conclusion of the event and the declaration and distribution of prizes. I also renounce and relinquish my rights, if any, to have recourse to any arbitrator, tribunal not provided for in the National Competition Rules and the General Prescriptions of the FMSCI and to these Supplementary Regulations.

Finally, I hereby acknowledge that I am conversant with the risks and dangers of motor sport in general and this event in particular for which I hereby assume to be solely responsible.

Place: _____

Date: _____

Signatures of the Entrants: Driver _____

Co-Driver _____

Full Name Driver _____

Co-Driver _____

Address Driver _____

Co-Driver _____



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Contact No Driver _____

Co-Driver _____

Important: In case a person signing this declaration is under 18 years of age, the person's parents / guardian (whose details must be provided below) shall countersign any indemnity and declaration as prescribed by the paragraph above. Failure to do so will result in the competitor not being allowed to start. In case of any incidence the person under 18 years of age will not be liable for Insurance provided by FMSCI.

Signature of Guardian: _____

Signature of Witness: _____

Name: _____

Name: _____

Address: _____

Address: _____



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Application for Rally cover to Insurance Company

(To be submitted to you Insurance Company with a copy of vehicle insurance policy)

Date:

Branch Manager

Branch _____

City _____

Sir/Madam

My vehicle will be used in TSD Rally for Healthcare Pro 2014 organized by Dreamz Integrated & Western India Sports Association. Kindly issue me a One day Special Rally Insurance under **Motor Vehicle Insurance**

Act Section 31 valid on 24th August 2014. The details of the vehicle are as follows.

Name of the Owner : _____

Registration Number : _____

Main Insurance Policy No. : _____



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Kindly do the needful.

Thanking you.

Sign of Vehicle Owner(s)



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AUTHORITY LETTER

Date: _____

Name of the Vehicle Owner: _____

To,

Clerk of the Course,

TSD Rally for Healthcare Pro 2014,

I/ We hereby authorize Mr. _____ to use my/ our vehicle
No. _____ for participating in the **TSD Rally for Healthcare Pro 2014** to be held on 23rd August 2014
and 24th August 2014.

I am aware of the indemnity signed by the Driver and Co-driver and I have no objection for using my
vehicle for the **TSD Rally for Healthcare Pro 2014**.

Sign of Vehicle Owner(s)

Signature of Witness

Name



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Address