



Media Partner

**WISA'S TSD RUN 2021**

ENTRY FORM	First Driver/ Rider		Navigator
Name			
Photos	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth			
Nationality (as License)			
Blood Group			
Communication Address			
Telephone			
Mobile			
Email Address			
PAN No.			
Driving License No.			
Country of Issue			

Details of the Vehicle			
Make		Registration No.	
Model		Capacity – cc	
Year of Manufacture		Chassis No.	
Group / Class		Engine No.	
Predominant Colour			
Special Rally Cover Insurance Number	Company	Valid From	Valid Till

Sl.	Class	Entry Fees
1	Four Wheeler	<input type="checkbox"/> INR 04,500/-
2	Two Wheeler	<input type="checkbox"/> INR 02,500/-

To submit this form please contact Dinesh Shukla :- 8999283084 / 9284478189



WISA'S TSD RUN 2021

The entry fees can be paid by wire transfer

Account no.: 62196093013

IFSC Code: SBIN0004453

Account Name: WESTERN INDIA SPORTS ACCOCIATION

Address: Shop No. 1, Galaxy Apartment, opp. Tirupati Town, nr. Akashwani Centre, Purnvad Nagar, Nashik, Maharashtra 422013

Indemnity & Declaration

I/We hereby make an application to participate in the above mentioned rally and certify that the particulars of my vehicle as given overleaf are correct, that I/We have read the Supplementary Regulations issued by Organisers for the said rally and agree to be bound by any of the International Sporting Code of the FIA, the General Prescriptions for 4W, Sporting Regulations and Championship Regulations of FMSCI; as well as the undertaking on this entry form.

I/We have read the Regulations issued for this event and agree to be bound by them. In consideration of the acceptance of this entry, I agree to save harmless and keep indemnified the Government, the FMSCI, the Organisers, the FIA and their officials, the Sponsors, agents, representatives, employees and all persons assisting them in this event and all owners and tenants of private property traversed by this event, from and against all actions, claims, cost, expenses and demands in respect of death or injury to myself or any other person or persons or loss or damage to any property including the car concerned in this event and test, if any or otherwise howsoever and not withstanding that the same may have been contributed or occasioned by the negligence of the Organiser and their official, agents, representatives, employees and all persons assisting them in this event. The indemnity shall be binding on my heirs, executors and legal representatives. **I/we declare that I/we shall not post any wrong and or provoking information/comment on social media of any kind neither to any media personnel. All grievances / problems will be addressed through correct procedures as laid down in the sporting code, general prescriptions applicable to the respective event and supplementary regulations of the event.**

I/We also undertake to compensate and or settle all third party damages of any kind, caused by me/us, my representative/s or who so ever connected with me/us during the event.

I/We declare that the drivers possess the standard competence necessary for an event of this type to which this entry relates, also that the vehicle entered is suitable and rally-worthy for the event. I agree and undertake to abide by the rules and regulations framed for this event including the conditions precedent set out herein and all other rules and regulations, which may hereinafter be framed.

Finally I/We hereby acknowledge that I / We am / are fully conversant with the risk and dangers of Motor Sports in general and this rally in particular which I/WE assume hereby.

PLACE: _____

DATE: / /

Signature of Driver/ Rider: _____

Signature of Navigator: _____

Name and address of the witness: _____

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NAME OF EVENT :

COVID-19 INFORMED CONSENT TO PARTICIPATE

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care. Part of this officer's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

To proceed with receiving care, I confirm and understand the following (Initial in all seven places provided)

**Initial
Below**

- I understand that my participation in this event may create circumstances, such as the discharge of respiratory droplets or person-to- person contact, in which COVID-19 can be transmitted.
- I understand due to the physical closeness to other competitors, the attributes of the virus, and the characteristics of the event, I may have an elevated risk of contracting COVID-19 simply by being at the event. _____
- I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:
 - *Fever
 - *Dry Cough
 - *Sore Throat
 - *Shortness of Breath
 - *Runny Nose
 - *Loss of Taste or Smell_____
- I understand that by attending this event I'm at an increased risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT traveled in the past 14 days:
 - Outside INDIA to other countries that have been affected by COVID-19;
 - Domestically within INDIA by commercial airline, bus or train.
- I am informed that the event organizers have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by participating in this event. I, hereby acknowledge and assume the risk of becoming infected with COVID-19 through participating in this event
- I have been offered a copy of this consent form.

I KNOWINGLY AND WILLINGLY CONSENT TO PARTICIPATE IN THE MERRICK ADVENTURE DIRT TRACK and AUTOCROSS EVENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO PARTICIPATE. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE NUANCES. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE TO WAIVE MERRICK ADVENTURES OF ANY LEGAL ACTIONS, CLAIMS, COST, EXPENSES AND DEMANDS ETC. IN RESPECT OF MYSELF CONTRACTING THE COVID-19 VIRUS BY PARTICIPATING IN THIS EVENT.

Participant
Signature: _____

Parent /
Guardian
Signature _____

Witness
Signature _

Name _____

Name _____

Name: _

Date _____

Date _____

Date: _