

PARENTAL AUTHORISATION FORM 2023 - 2024

If your child is under 18 years of age and is competing at a round of the UAE ROTAX MAX CHALLENGE that you are unable to attend, it is necessary to authorise a responsible adult to act in "Loco Parentis", ie. you authorise another individual over the age of 18 to make any and all decisions as to the suitability of the activity for your child and to sign on your child's behalf as and when required.

All Fields on this form must be completed by the driver's parent or legal guardian.

REPRESENTATIVE NAME (ENTRANT): _____

RELATIONSHIP DRIVER: _____

CONTACT NUMBER: _____

DATE OF EVENT(S): _____

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>ROTAX INVITATIONAL - 22-23 SEP 2023</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 1 06-08 OCTOBER 2023</td></tr> <tr><td><input type="checkbox"/></td><td>MAX CLUB 28-29 OCTOBER 2023</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 2 11-12 NOVEMBER 2023</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 3 18-19 NOVEMBER 2023</td></tr> <tr><td><input type="checkbox"/></td><td>MAX CLUB 16-17 DECEMBER 2023</td></tr> </table>	<input type="checkbox"/>	ROTAX INVITATIONAL - 22-23 SEP 2023	<input type="checkbox"/>	ROUND 1 06-08 OCTOBER 2023	<input type="checkbox"/>	MAX CLUB 28-29 OCTOBER 2023	<input type="checkbox"/>	ROUND 2 11-12 NOVEMBER 2023	<input type="checkbox"/>	ROUND 3 18-19 NOVEMBER 2023	<input type="checkbox"/>	MAX CLUB 16-17 DECEMBER 2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>ROUND 4 12-14 JANUARY 2024</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 5 03-04 FEBRUARY 2024</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 6 16-18 FEBRUARY 2024</td></tr> <tr><td><input type="checkbox"/></td><td>ROUND 7 01-03 MARCH 2024</td></tr> <tr><td><input type="checkbox"/></td><td>MAX CLUB 22-23 MARCH 2024</td></tr> <tr><td><input type="checkbox"/></td><td> </td></tr> </table>	<input type="checkbox"/>	ROUND 4 12-14 JANUARY 2024	<input type="checkbox"/>	ROUND 5 03-04 FEBRUARY 2024	<input type="checkbox"/>	ROUND 6 16-18 FEBRUARY 2024	<input type="checkbox"/>	ROUND 7 01-03 MARCH 2024	<input type="checkbox"/>	MAX CLUB 22-23 MARCH 2024	<input type="checkbox"/>	
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DRIVER'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

GENERAL DECLARATION - TO BE ACCEPTED BY ALL COMPETITORS

I am aware of the potential risk inherent in motorsport and agree to accept and assume any and all risk of injury or death. Further I understand I am solely responsible for my decision to participate in these activities and confirm that I am physically and mentally fit and that my eyesight is up to the standard required for a road driving/riding test. I agree that I will not participate in these activities if I am under the influence of drugs or alcohol or if there is any other physical condition or disability which is likely to adversely affect my ability to understand instructions or to participate without creating risk to others or myself.

I understand that Al Ain Raceway reserves the right to remove me from the venue if it considers my actions to be dangerous or detrimental to other venue users.

Declaration

I _____ the parent/legal guardian of _____ (driver's name), hereinafter referred to as 'my child,' accept that my child may participate in the aforementioned event(s) and I declare as follows:-

I have read and understood the 'General Declaration' which appears above. I understand that the activity concerned is karting and I appreciate the dangers inherent in motorsport which include the risk of injury or death and so authorise the named 'Representative Name (Entrant)' to make any and all decisions relating to the suitability and safety of my child partaking in the activity and to sign all official paperwork on my behalf, without reservation.

Further I confirm that my child does not suffer from any physical, medical or mental disability which would make it unsafe for him/her to participate in this event(s).

SIGNATURE: _____

DATE: _____