

Your Age on Raceday: _____



MOTORSPORT SOUTH AFRICA NPC

Reg. No 1995/005605/08
www.motorsport.co.za

Licence Hours

JHB: Mon to Thurs: 08h00 to 15h00 & Fri 08h00 to 14h00
DBN & CTN: Mon to Fri: 08h30 – 13h00
Bank Details: Motorsport South Africa; NEDBANK, MIDRAND
A/C No. 1686 076 711, B/C 168642: Ref. Your ID & Full Name

National Number: 0861 672 672/ Fax: 0866 123 462 | KZN: Tel: 2731 266 5640/ Fax: 0866 123 462 | WC: 2721 556 1026 / Fax: 0866 123 465
General Email Support: support@motorsport.co.za or msa@motorsport.co.za

2017 MSA Weekend Offroad Warrior Licence Application Form

ID Number		Date of Birth	
Name		Surname	
Email Details		Region (e.g. Border)	
Postal Address		Postal Code	
Mobile		Alternative Contact	
Ethnicity		Gender	
Type of Licence (e.g., Offroad Mcycles / Enduro)			

STATUS	PRICE	NAME OF EVENT	CATEGORY OF EVENT	DATE OF EVENT
WOW Licence O/E (valid for one event ONLY)	R100.00			
WOW Annual Licence (valid for the 2017 Calendar year)	R300.00			

PERSONAL ACCIDENT INSURANCE – BASIC BENEFITS

(Insurance information is also available on the MSA Website www.motorsport.co.za)
Underwritten by: STALKER HUTCHISON ADMIRAL (PTY) LTD

	MOTORCYCLES/QUADS	BENEFIT LIMITS		DEATH BENEFITS		
OPTION 6 - MSA personal accident insurance specifically tailored for WOW licence holders can be purchased at an annual fee of R270 (regardless of the number of WOW events competed in)	OPTIONAL Annual Premium	Medical Expenses	Disablement	Adults	Juveniles (under 14)	Juniors (Under 6)
	R270	R 50 000	N/A	R 150 000	R 30 000	R 10 000

I confirm that I will familiarize myself with all MSA Rules and Regulations (including the anti-doping rules), and that I will adhere to/comply with the rules at all times. I further confirm that the information completed above is correct.

Date: _____

Signature of Applicant/Parent/Guardian

Note:

1. Please ensure form is completed in full, incomplete forms will not be processed.
2. Licence or insurance is not refundable once licence has been issued and you have competed.
3. Please note that the licence and insurance fees are a once off payment, and cannot be credited should competitors want to take an annual MSA licence
4. Bank Details: Nedbank, Midrand, A/C No: 1686 076 711 - Branch Code: 168 642 / 187 505 (Only Standard Bank)
6. It is your responsibility to ensure that you have the correct licence.

Medical Aid Name: _____

Medical Aid Membership No: _____

Main Member name if not the applicant above: _____

DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY TO BE COMPLETED AND SIGNED BY EVERY COMPETITOR, ENTRANT, RIDER, DRIVER, CO-DRIVER OR NAVIGATOR

I have read and agree to be bound by the general competition rules (GCR's) of Motorsport South Africa (MSA), and I agree to be bound by the standing supplementary regulations (SSR's) issued for any competition in which I take part.

I agree that neither MSA, nor the promoter, organiser, any vehicle owners or possessors, guarantor and/or sponsor of any competition or the owner/s of the property on which a competition is held, nor any government, provincial or municipal body, and their respective officials, agents, servants or representatives shall be liable under any circumstances for any damage done by or to any vehicle entered by or ridden in or attended upon by me, or for any personal injury - fatal or otherwise - or loss of whatever kind sustained by myself or any person whatsoever, while riding in or attending upon such vehicle, or while being present at any competition, whether caused during any competition or any practice or while the said vehicle is on any road or area forming part of the track or route or any deviation there from or any approach thereto (**the event venue**), by whatever means such damage, injury or loss may be caused, and even though the same may have been contributed to or caused by the wilful act, neglect or default of any official, agent, servant or representative of MSA, or any promoter, organiser, guarantor or sponsor of the competition, or the owner/s of the property on which the competition is held or any government, provincial or municipal body.

Insofar as I, at any time, make use of or drive any vehicle, motorcycle, kart or quad of which I am not the owner, I hereby represent to MSA and warrant that I have the owner's permission to drive such vehicle, motorcycle, kart or quad, and that I am duly authorised on behalf of the owner to furnish the indemnities given above on behalf of the owner of such vehicle, motorcycle, kart or quad as well.

I hereby indemnify MSA, the promoter, organiser, guarantor and sponsor of the competition and the owner/s of any property on which the competition is held and any government, provincial or municipal body and their respective officials, agents, servants and representatives against any legal liability for any damage or injury so done or sustained as aforesaid by myself or any other such persons as aforesaid.

I further admit and declare that I am fully aware of and appreciate the ambit and extent of the risks, dangers and perils attendant upon being present at or participating in motor vehicle / motorcycle / quad racing/ karting, rallying or any other form or motorsport competition or activity described herein. I hereby voluntarily assume and consent to such risk and the risk of damages arising there from or injury or loss being sustained by myself or any other person as a result thereof.

I further agree that this assumption of and consent to risk shall operate against my dependants and/or heirs, executors and administrators.

I furthermore acknowledge and accept that I, as a competitor as defined in GCR 19, am personally bound by MSA's GCR's and SSR's
This indemnity shall apply to all competitions held under the authority of a permit issued by MSA or for which a waiver from the need of holding such a permit has been granted by MSA, in which I take part in any capacity.

I hereby represent to MSA and warrant that I am 18 years of age or older, alternatively, if the applicant is under 18 years of age, then the section under Parent/Guardian/Curator must be completed and signed as indicated.

Doping/Alcohol Control

I hereby voluntarily and irrevocably give my consent to allow a Doping Control/Alcohol Control Officer to examine me prior to, during or following a motor sporting event, meeting or competition. I further consent and agree to allow a sample of my blood and/or urine to be taken for laboratory analysis by the Doping Control/Alcohol Control Officer concerned to determine the presence of alcohol or prohibited drugs as listed in the MSA Anti Doping Code, in accordance with the procedure for testing as prescribed by WADA. (World Anti Doping Agency)

Should the analysis of the samples taken reveal the presence of alcohol or drugs or should I refuse to allow samples of blood and/or urine to be taken, I consent to MSA taking disciplinary action against me as envisaged in the Motorsport South Africa Anti Doping Code - as prescribed by WADA. (World Anti Doping Agency)

MSA IN ITS SOLE DISCRETION RESERVES THE RIGHT TO:

- i) Issue a licence to an applicant who may not have the stipulated qualifications but who can satisfy MSA as to his/her ability and/or experience, full particulars of which MUST be submitted in writing in support of his application.
- ii) Withhold a licence, or issue a lesser licence notwithstanding the fact that the applicant has the necessary qualifications in accordance with details required and furnished in this application.
- iii) Issue licences to drivers who do not hold current driver's licences (or a learners licence) where the nature of the event allows the participation of junior competitors or the standing regulations of MSA do not specifically require drivers to hold driver's licences.

I (full names)
(address)

SIGNED
AT

ON THIS _____ DAY OF _____ 20__ .

SIGNATURE OF APPLICANT:

assisted by (if the Applicant is a minor)

PARENT/GUARDIAN/CURATOR

DECLARATION BY PARENT/GUARDIAN/CURATOR

I (full names)

in my capacity as Parent/Guardian/Curator of the Applicant hereby consent to the participation of my child/ward in the activities referred to in this DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY. I agree that this endorsement of consent by me is an indivisible and integral part of this DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY which I have also signed. I fully understand and appreciate the contents thereof and I have satisfied myself that the contents are, in like manner, so understood by my child/ward. I hereby assist my child/ward in contracting with MSA as envisaged herein, both of us being aware that this DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY is to his/her detriment. I furthermore furnish my consent for MSA to act in accordance with and enforce the provisions of the paragraphs headed Doping/Alcohol Control. I furthermore bind myself jointly and severally, in solidum, as surety and co-principal debtor with my child/ward in favour of MSA for the due performance of any obligation arising out of this DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY.

SIGNED AT _____

ON THIS _____ DAY OF _____ 20__ .

SIGNATURE OF PARENT/GUARDIAN/CURATOR:

2017 - DECLARATION FOR FITNESS TO COMPETE IN MOTORSPORT

MOTORSPORT IS DANGEROUS

1. The MSA Medical Panel is responsible for ensuring that the competitor applying for a licence is physically and psychologically fit enough to control a motor vehicle, kart, motorcycle or quad at all times and will not endanger his/her own safety or that of other competitors. In the event of a query please contact the President of the Medical Panel in writing.
 2. Regular participation in/or attendance of motorsport events may result in hearing loss. Competitors, service crews, families and officials must be aware that it is their responsibility to protect their hearing by wearing protective devices.
 3. The following conditions may exclude a competitor from obtaining a competition licence:

3.1 Amputation of a limb	3.7 Neurological disorders
3.2 Loss of vision	3.8 Epilepsy and/or Convulsions
3.3 Deafness	3.9 Current / recent chemotherapy or Radiation therapy
3.4 Diabetes (Type 1 and Type 2)	3.10 Recent Transplantation
3.5 Cardiovascular Disease, Arrhythmias, Hypertension	3.11 Drug or Alcohol abuse
3.6 Recent Cardiac Surgery	3.12 Use of banned substances (refers SAIDS & W ADA)
- This list is an example and is not fully inclusive. A full list of excluding medical conditions is contained in the MSA Medical Code (Appendix L)*
4. **Cases of doubt must be referred to the MSA Medical Panel for a final decision.**

MEDICAL HISTORY

Do you suffer from or have you ever suffered from any of the following disorders:

	YES	NO		YES	NO
1. Epilepsy or Loss of consciousness for any reason			13. G.I.T. (gastrointestinal) Problems		
2. Hemiparesis, Hemiplegia or Paraplegia			14. Kidney Problems		
3. Recurrent dizziness or headache			15. Type 1 or 2 Diabetes Mellitus		
4. Head injury or concussion			16. Any blood disorder or Bleeding tendencies		
5. Mental nervous disorder			17. Bone or Joint Injury or disease		
6. Impaired vision in one or both eyes			18. Amputation of part of or an entire limb		
7. Deafness in both ears			19. Cancer or Organ transplantation		
8. Heart or Heart Valve problems			20. Any other Illnesses		
9. Hypo or Hypertension			21. Any Operations within the past 5 years		
10. Any other cardiovascular problem			22. Do you take prescription medication		
11. Asthma			23. Allergy to medication or other substances		
12. Any other chest / respiratory problem			24. Have you ever been prohibited from participating in any form of sport on medical grounds?		

If you answered YES to any of the above questions, please provide full details for each numbered, including the dates of diagnosis or injury and attach to the declaration of fitness form, you will also be required to provide medical reports.

In addition, if you have answered YES to any of the above questions, please provide a Medical Certificate from your attending Specialist or Doctor. Failure to provide the necessary certificate will preclude the issuing of a licence, may result in the revoking of your licence due to non-compliance and may render any claims null and void by the MSA Insurers.

In accordance with the protocols of MSA's Anti-Doping Code all motorsport competitors should be aware that they may be tested for prohibited substances, both during and out of competition. In accordance with this regulation I accept and understand that I may be tested for prohibited substances either during or out of competition. I further understand that, should I test positive on the samples submitted that I will be subject to disciplinary action as detailed in the MSA Anti-Doping Code as prescribed by WADA.

DECLARATION AND UNDERTAKING BY COMPETITORS (driver and rider)

Every competitor shall sign the following declaration and undertaking:

1. I the undersigned _____ hereby undertake to notify MSA, prior to any event that I intend participating in, and as soon as possible after becoming aware of any condition or disability or any other medical or any other condition which I am suffering from, whether permanent or temporary, which may have an effect or impair my ability and competency to participate in such event or which may impair my ability to control the vehicle I intend competing in.
2. I further undertake not to participate in such event unless MSA has, following such notification, granted me express consent to participate in such event.
3. I further declare that, notwithstanding the issuing of a competition license to me by MSA, I am aware that it is my responsibility to refrain from participating in any event under circumstances where I suffer from any condition or disability or any other medical or any other condition which may have an effect or impair my ability and competency to participate in such event, or which may impair my ability to control the vehicle I intend competing in or which may endanger any person's safety, including my own safety.
4. I declare that to the best of my belief, I possess the standard of competency required to participate in any event and that the vehicle that I shall be participate in shall be race worthy.
5. I declare that any vehicle in which I participate in, shall comply with the relevant regulations and specifications pertaining to the event and category for which it is entered and I accept and am aware that, subject to my rights of protest and appeal, if my vehicle is found to be non compliant with said regulations and specifications, action may be taken against me as participant in accordance with the provisions of MSA'S regulations.

I accept and understand all details listed above and further understand that in the event that I have produced false information on this form my licence will be revoked with immediate effect, and that I will be personally responsible for any or all action instituted against me as a result of having provided false information. I certify that I am physically and psychologically FIT to take part in all categories of motorsport and should it be found that I am not fit I confirm that I accept that the Insurers will not entertain any claims submitted by myself

SIGNATURE OF COMPETITOR: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____
(If competitor is under age)

DATE: _____