



MRF MMSC FMSCI INDIAN NATIONAL MOTORCYCLE RACING CHAMPIONSHIP 2017

ENTRY FORM

Class	Stock Upto 165CC Girls	Stock Upto 165CC Novice	Pro Stock Upto 165CC Open
	Super Sport Indian upto 165CC Open	Super Sport Indian 200 - 300CC Open	Super Sport Indian 301 - 400CC Open

Rd 1 Rd 2 Rd 3 Rd 4 Rd 5

Team Entry/ Individual Entry

Entrant Name										
Address										
City					Pin					
Telephone										
Mobile					Email					
FMSCI Lic. No.				Valid		PAN				
Rider Details (if different from the above)										
Rider's Name									PHOTO	
Address										
City					Pin					
Telephone										
Mobile					Email					
FMSCI Lic. No.				Valid		PAN				
Blood Group		Allergy:								
HIGH RISK INSURANCE POLICY NO:										
Have you taken part in any race earlier? If yes, which race?										
If you have not taken part in a race, have you attended any recognized riding school? If yes, which school?										

Vehicle Details			
Make	Model	Year of Manufacture	CC
Registration No.	Engine No.	Chassis No.	

Name of Tuner			
PIT Mechanics			
Name			Blood Group
1)			
2)			
PHOTO	PHOTO	PHOTO	

Please submit photocopy of the following (compulsory)

1. **FMSCI competition license**
2. **High risk insurance policy**
3. **Photocopy of the Riding School certificate or letter. (in case of new comers)**
4. **Any photo identity along with signature. In case of minor (below the age of 18) photo identity proof of the parent along with signature also has to be submitted.**

Please attach: Letter of Authority from registered owner of vehicle permitting use of vehicle (NOC) if the vehicle owner is not participating.

Entry fee of Rs.3,000/- for the Girls Category, Rs.3,000/- per race (Rs.6000/- per weekend) for Novice Category & Rs.3,500/- per race (Rs.7,000/- per weekend) for the Open Categories. The fee Can be paid by Demand Draft, Deposited into our bank account or by cash. Cash payment accepted only at MMSC office. The amount can also be transferred into our bank account as follows.

Bank : HDFC Bank
Branch : Santhome Branch
A/c Name : Madras Motor Sports Club
A/c Type : SB
A/c Number : 50100008894164
IFSC Code : HDFC0000386

FOR OFFICE USE ONLY		
Received on	Amount	Receipt No.
Comp. No.		

Indemnity

I/We have read the Regulations issued for this event and agree to be bound by them. In consideration of the acceptance of the entry of this machine, I/We agree to save harmless and keep indemnified the Government of India, the relevant State Governments, the FIM, the FMSCI, the organizers / promoters and their officials, the sponsors, agents, representatives, employees and all persons assisting them in this event and all owners and tenants and all persons assisting them in this event all actions, claims, costs, 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 machine concerned in this event, or otherwise howsoever and notwithstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representatives, employees and all persons assisting them in this event.

The Indemnity shall be binding on my heirs, executors, administrative and legal representatives. I/We declare that the rider possess the standard of competence necessary for an event of this type to which. This entry relates, also that the machine entered is suitable and road worthy for the event. I/We agree and undertake to abide by the Rules and Regulations framed for this event including the conditions precedent set out therein and all Rules and Regulations which may hereinafter be framed.

I agree and renounce the right to legal proceedings before a civil court until the procedure for Protests and Appeals as defined in the 2017 Two Wheeler Road Racing General Prescriptions is exhausted.

Finally, I/We hereby acknowledge that I/We are conversant with the risks and dangers of motorsport in general and this event in particular which I/We assume hereby.

Date:

Place:

Signature

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above if signed by a person under the age of 18 years, shall be countersigned by that person's parent/legal guardian, whose full name and address shall be given and also his capacity as signatory.

Signature of Guardian : _____

Full Name : _____

Address: _____

Signature of Witness to all the above:

Full Name & Address of Witness:

I hereby confirm that I have my high risk accident policy with hospitalisation benefit and hence organisers are not responsible.

Sign of the Entrant

Sign of the Rider