



WORLD OF MOTORSPORT ZA

P.O. Box 12387, Brakpan North, 1545
 18 Main Reef Rd Brakpan (on the premises of Rock Raceway)
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 (ASSOCIATION INCORPORATED UNDER SECTION 21) 2007/010601/08

COMPETITOR LICENCE APPLICATION

SURNAME:		FULL NAMES:	
ID NO:	DATE OF BIRTH:	MALE / FEMALE	
ADDRESS:			
CELL:	TEL:	EMAIL:	
NEXT OF KIN:		EMAIL:	

APPLICANTS UNDER THE AGE OF 18 YEARS OLD, TO BE COMPLETED BY LEGAL GUARDIAN/PARENT

SURNAME:		FULL NAMES:	
ID NO:	DATE OF BIRTH:	MALE / FEMALE	
ADDRESS:			
CELL:	TEL:	EMAIL:	
CATEGORY:		Has the applicant ever been prohibited from participating in Motorsport on Medical Grounds YES / NO	
CLUB:			

LICENCE PREMIUMS – ALL CATEGORIES

LICENCE PREMIUMS		
ONE EVENT LICENCE	R 80.00	Club status events only – maximum 3 per annum
STREET VEHICLE DRAG RACING	R 150.00	Club status events only
OVAL TRACK RACING	R 225.00	All status
DRIFTING	R 225.00	All status
OTHER CATEGORIES TBA		

PERSONAL ACCIDENT INSURANCE PREMIUMS – ALL CATEGORIES

ONE EVENT	R 120.00	One Event Personal Accident covers medical only up to an amount of R10,000 per event and is not transferable.
DRAG RACING – FULL COVER	R 725.00	MEDICAL / DISABILITY / DEATH up to R100,000
OVAL TRACK RACING – FULL COVER	R 590.00	MEDICAL / DISABILITY / DEATH up to R100,000
OVAL TRACK RACING – HALF COVER	R 325.00	MEDICAL / DISABILITY / DEATH up to R 50,000
OVAL TRACK RACING QUADS – FULL	R1510.00	MEDICAL / DISABILITY / DEATH up to R100,000
OVAL TRACK RACING QUADS - HALF	R 800.00	MEDICAL / DISABILITY / DEATH up to R 50,000
DRIFTING – FULL COVER	R 590.00	MEDICAL / DISABILITY / DEATH up to R100,000
DRIFTING – HALF COVER	R 325.00	MEDICAL / DISABILITY / DEATH up to R 50,000
OTHER CATEGORIES TBA		

**Additional Medical cover off the track R80 per annum. **Extended Medical cover available on request.
 **Excess payable by competitors R750 per claim.

I, hereby upon signature of this application accept all the regulations applicable to the rules and regulations governed by the category of motorsport I wish to compete in. Furthermore, I herewith accept that WOMZA may take action against me as a competitor, or my legal guardian and/or parent if any information is incorrect on this application.

 SIGNATURE OF APPLICANT / PARENT / GUARDIAN

 DATE

TOTAL DUE	
LICENCE FEE	
MEDICAL P/A	
ADDITIONAL	
TOTAL	

BANKING DETAILS: STANDARD BANK ACC NO : 020904290 BRANCH CODE: 01242 BRAKPAN

LIC NO:

INVOICE NO:

COMPETITOR INDEMNITY

To be read and signed by every competitor

In consideration of being permitted to enter for any purposes any restricted area (herein defined as including but not limited to the racing surface, pit area, infield, paddock area, grandstand area and all walkways, concessions and other areas appurtenant to any area where any activity related to the event shall take place), or being permitted to compete, officiate, observe, work for, or any purpose participate in my way in the event, each of the undersigned, for himself/herself, his/her personal representatives, heirs, next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and his participation, if any, in the event constitutes and acknowledgement that he has inspected such restricted area or areas and accepts the same as being safe and reasonably suited for the purpose of his use, and he further agrees and warrants that in any time, he is in or about restricted areas and he feels anything unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. Hereby releases, waives, discharges and covenants not to sue (take legal action) towards the promoter, participants, racing controlling body, sanctioning organization or any subdivision thereof, track owner, track operator, officials, car owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as "releasees", from all liability to the undersigned, his representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether cause by the negligence of the releasees or otherwise while the undersigned is in or upon the restricted area and/or competing, officiating in, observing, working for, or for any purpose participating in the event.
2. Hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted areas or in any way competing, officiating.
3. Hereby agrees full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for, or for any purpose participating in the event.

Each of the undersigned expressly acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be a broad and inclusive as is permitted by law of the Province/Region or country in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

MEDICAL HISTORY AND PERSONAL ACCIDENT COVER REQUEST

Does the applicant have their own Medical Cover? Yes / No
Please provide Medical Insurance Fund and Policy Number:
If the applicant wishes to purchase WOMZA Regent Ins. PA the attached form is to be completed by a Medical Practitioner.
NB: If the applicant does not wish to purchase any Personal Accident, kindly be advised that in the event of the applicant requiring medical treatment the applicant would be transferred to the closest Governmental Hospital. All costs occurred shall remain the responsibility of the applicant.
In an event of an emergency, I hereby authorise qualified Medical Personnel may treat me. I further agree that my next of kin may be contacted on my behalf.

TICK THE FOLLOWING IF APPLICABLE / NB: The following conditions CAN exclude a competitor from obtaining a competition licence:	
1. Uncontrolled Hypertension	2. Traumatic Amputation of a limb (negotiable)
3. Recent Cardiac Surgery	4. Heart to Heart Valve Problems
5. Drug or Alcohol abuse and/or addiction	6. Deafness in both ears with no balance problem
7. Paraplegia	8. Controlled Cardiac Arrhythmias
9. Type 1 and Type 2 Diabetes with complications	10. Recent Transplantation
11. Current / recent Chemotherapy	12. Current / recent Radiation therapy

NB: Following any accident/incident severe enough not to allow a competitor to participate any further at an event where the incident or accident took place, it shall be the sole responsibility for the competitor to provide an updated medical fitness report approved by a medical practitioner. Furthermore, WOMZA shall have the right to request a medical report from a medical practitioner on a competitor should they be of the opinion that the competitor could be declared Medically unfit.

I hereby declare that I have read the indemnity and accept the contents of this application and all the regulations pertaining to the category of sport I wish to participate in.

SIGNATURE OF APPLICANT	SIGNATURE OF PARENT/GUARDIAN
ON THIS	DAY OF 2010