



PHILLIP ISLAND AUTO RACING CLUB LTD.

RACE OFFICIALS REGISTRATION FORM

Your details will be added to the Official's Register when this form is completed and returned to:
Ken & Lyn Johnston, 21 Ridder Court, Dingley Village 3172
or emailed to: officials@piarc.com.au or handed in at the Control Tower.

PLEASE COMPLETE ALL SECTIONS OF THE FORM AND PRINT CLEARLY

Name: DoB (if under 18)

Address: Suburb: P/Code:

Home Phone: Work Phone: Mobile Phone:

Email address: **(please print carefully)**

I would prefer to have Officiating information emailed to me at the address above (please delete as appropriate). Yes / No.

Current team at Phillip Island: Team preferred (if any):

Motorsport clubs: Other motorsport licences or experience:

MSA Official's Licence # MSA Gradings held MSA Licence Expiry Date

Do you have a WORKING WITH CHILDREN CARD Yes / No (If no, you will need to get one to be able to work at motor racing in Victoria by going to: www.workingwithchildren.vic.gov.au and applying on line.

Emergency contact: Emergency contact number

EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK

In exchange for being able to attend or participate in Events I am invited to as a Phillip Island Official, (including acting as an event official), I agree:

- to release Motorsport Australia ("MSA") and Australian Motor Sport Commission Ltd, promoters, sponsor organisations, land owners and lessees, organisers of the Event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the Event, except to the extent prohibited by law that MSA and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and to attend or participate in the Event at my own risk. I acknowledge that:
- the risks associated with attending or participating in the Event include the risk that I may suffer harm as a result of:
 - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the Event; and
 - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the Event.
- motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I also acknowledge and agree that I have been fully instructed in my duties and am familiar with the activities associated with being an official. I understand that this disclaimer is not intended to exclude any valid claim by an official under the MSA Personal Accident Insurance Scheme. I will at all times remain behind the protective barrier provided unless directed otherwise by my senior officials, or if my specific duties require it, and then only for the minimum time required to carry out those duties. I declare that I am medically and physically fit and free from impairment and able to carry out normal duties expected of the position I will hold at the Event.

I declare that I am familiar with the requirements and activities of a MSA official. I agree to participate in and fully complete, to the satisfaction of MSA, all training programs conducted by MSA and associated with my involvement with the Event. I am willing to submit myself to the controls and restrictions applied to all officials at the Event. I accept the conditions of, and acknowledge the risks arising from, attending or participating in the Event and being provided with the event services by MSA and the Associated Entities.

I agree to my personal and medical details being made available to the Chief Medical Officer in the event of my needing medical attention.

I/We understand that this disclaimer is not intended to exclude any valid claim I/We may have under the MSA Personal Accident Scheme.

Official's Signature: **Date:**

PARENT/ GUARDIAN* CONSENT – **must be completed for persons under 18 years of age.**

I of [Address] am the parent/ guardian* of the above-named("the minor") who is under 18 years of age. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Signed by Parent/Guardian*(delete as appropriate) Date