

OFFICIALS REGISTRATION FORM

17-21 November 2010



SURNAME (Dr/Mr/Mrs/Ms)		OTHER NAME/S	
ADDRESS		SUBURB/CODE	CODE:
PHONE Home		PHONE Work	
FAX Home		FAX Work	
MOBILE		EMAIL	
DATE OF BIRTH		UNDER 18 Yes / No (U18 Parent/Guardian Declaration must be signed)	
EMERGENCY CONTACT PERSON	NAME: Relationship:	PHONE Home PHONE Work PHONE Mobile	
IF YOUR PERSONAL DETAILS ABOVE ARE SAME AS 2009 PRINT NAME ONLY & TICK BOX <input type="checkbox"/> PLEASE COMPLETE THE REST OF THE FORM			
CAMS License Number	Expiry Date	CAMS Grades	
MEMBER OF A CAR CLUB?		OCCUPATION	
**I GIVE MY PERMISSION TO PROVIDE MY CONTACT DETAILS TO OTHER EVENT ORGANISERS: YES / NO		DO YOU HAVE YOUR OWN TRANSPORT Y / N	
PREVIOUS EXPERIENCE WITH CLASSIC ADELAIDE (Please circle years worked) 97 98 99 00 01 02 03 04 05 06 07 08 09		SHIRT SIZE For reference only S M L XL XXL XXXL	
OTHER RALLY EXPERIENCE			
PREVIOUS ROLE/S WITH CLASSIC ADELAIDE			
PREFERRED STAGE/S	1.	3.	
	2.	4.	
PREFERRED DEPARTMENT (NON SPECIAL STAGE)			
PREFERRED CO-WORKERS (people you prefer to work with – friend/s, relative/s)			
DATES AVAILABLE: (please tick dates you are available)			
<input type="checkbox"/> Pre Event <input type="checkbox"/> Mon 15 Nov <input type="checkbox"/> Tues 16 Nov <input type="checkbox"/> Wed 17 Nov <input type="checkbox"/> Thurs 18 Nov <input type="checkbox"/> Fri 19 Nov <input type="checkbox"/> Fri 19 Nov PM (Street Party) <input type="checkbox"/> Sat 20 Nov <input type="checkbox"/> Sat 20 Nov PM (Street Party) <input type="checkbox"/> Sun 21 Nov <input type="checkbox"/> Post Event			
ROLES: (please tick roles you prefer)			
Stage Teams <input type="checkbox"/> Control, <input type="checkbox"/> Road Closure <input type="checkbox"/> Chicanes <input type="checkbox"/> Spec. Marshal <input type="checkbox"/> SOS <input type="checkbox"/> Timing Other roles <input type="checkbox"/> Paddock/Street Party <input type="checkbox"/> Hilton Start <input type="checkbox"/> Morning Tea <input type="checkbox"/> Lunch Breaks <input type="checkbox"/> WICEN <input type="checkbox"/> ACRM <input type="checkbox"/> Course Vehicles <input type="checkbox"/> Scrutiny <input type="checkbox"/> FIV - Medical/Fire & Rescue <input type="checkbox"/> Recovery <input type="checkbox"/> HQ/RC Staff (please specify)..... <input type="checkbox"/> Other (please specify).....			
**Medical Condition/Allergies			
**Medication Details			

Privacy Statement

All information supplied on this form will be entered into a database for the purposes of managing Classic Adelaide and will not be disclosed to third parties without the specific consent of the person concerned. (please refer to**)

PLEASE TURN OVER

OFFICIAL'S DISCLAIMER
EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK

Name of Event : 20010 Classic Adelaide

Event Venue: Barossa Valley, Adelaide Hills area & Fleurieu Peninsula on 17 – 21 November 2010

In exchange for being able to attend or participate in the event (including acting as an event official), I agree:

- to release Confederation of Australian Motor Sport Ltd ("**CAMS**") 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 CAMS 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 CAMS 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 CAMS official.

I agree to participate in and fully complete, to the satisfaction of CAMS, all training programs conducted by CAMS 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 CAMS and the Associated Entities.

Signature.....Date.....

PARENT/ GUARDIAN CONSENT – PERSONS UNDER 18 YEARS OLD

I of [Address] am the parent/ guardian* of the above-named ("the minor") who is under 18 years old. 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..... Date.....
Parent/Guardian*

* Delete whichever does not apply