

Permit No(s):

Event Date:

## **MEDIA SIGNING-ON**

Organising Club:

**Event Name:** 

**UNDERTAKING** 

To prevent compatibility issues please view this form with Adobe Reader

I declare that I am over 18 years of age and agree to act, at all times, in accordance with the instructions of Officials

of the event.					
I further declare that I am physically and mentally fit to carry out my function and that I will inform the Organisers immediately should any change in my condition occur which I have reason or ought to have reason to believe would affect my ability to carry out my function.					
I am not currently experiencing any some been in contact with anyone showing submitting this form I do knowingly of COVID-19 or if I start to exhibit any of the event, notify Motorsport UK and estart to exhibit COVID-19 symptoms at telephone / SMS accordingly including event. In addition, I confirm that the spurposes of test and trace. If I have k least 14 days, and am physically fit to operate a motor vehicle in competition.	g symptoms within to come into contact (e) of the signs indicating ensure that my close at the event I shall want in ag identification of to symptomatic persor nowingly contracted to compete with no re	he last except and that e contains withdrawn hose on will a covi	14 days, except as as a healthcare pro I may be infected I not also do not attended as safely and notify thers who I have costs soon as practicab D-19 I declare that	s a health ofessiona I will imrend. Shoo y the Secome into the contact I have b	ncare professional. If after (1) with someone with mediately withdraw from uld I become ill at or cretary of the Meeting by contact with at the ct the NHS for the een symptom free for at
I agree to abide by all Government ar that Motorsport UK Guidance on COV shall supersede the General Regulation action being taken (C.1.1).	ID-19 in relation to	Events	has Regulatory st	atus and	to the extent applicable
I acknowledge the nature and type of the potential risk inherent in motor s and proper regard for my safety and t promotion and/or organisation and/o negligence.	port and that I will that of others. I und	underta erstand	ake my function wi I that all persons h	th its ass aving an	ociated risks with due y connection with the
I understand and agree that my personal may be used for the purposes of COV with Motorsport UK data protection p	ID-19 infection trac	ing, an	d will be handled b	by the or	
I hereby agree to abide by all applica Safeguarding and Anti Alcohol and D	•	Policie	s and Guidelines in	cluding l	out not exclusively
Name:	Motorsport	UK		Email:	
	ID No:			Tel:	
Representing:	Signature:			Date:	

Postcode:



Name:

**Emergency Contact (Optional):** 

Last Updated: 09 March 2021

Tel: