



**ROTAX MAX GRAND FINALS  
at Nola Motorsports park / New Orleans / USA  
(13.11 – 16.11.2013)**

**ENTRY FORM / DRIVER'S DECLARATION**

Name of Entrant			
Entrant License Number			
Address			
Tel No.		Fax No.	
E-Mail			

Name of Driver		Date of Birth	
Address			
Tel No.		Fax No.	
Passport / I.C. No.			
License No			
E-Mail			

***Entries will not be considered unless accompanied by a photo of the driver, a photocopy of competition license an entrants' license, if applicable.***

# DRIVER'S DECLARATION

I have read the regulation issued for this event and agree to be bound by them.

In consideration of the acceptance of this entry to take part in this event, I agree to waive, save harmless and keep indemnified BRP-POWERTRAIN GmbH & Co KG, NOLA Motor Club L.L.C. all sponsors and their respective officials, marshals, servants, representatives or agents or any firm, government agencies or individual connected with the organization of event from and against all actions, claims, costs, expenses and demand in respect of death, injury, loss or damage to the person or property of my self, my driver(s) or pit crew (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this meeting not with standing that same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants and agents.

In consideration of me being permitted to participate in this meeting, I hereby undertake not to make any demand or claim of any kind whatsoever against any other contestant in this meeting, or against any official engaged in the organization or running of the said races arising out of any damage, injury or death that may occur during practice, racing or anytime during the course of the Meeting, howsoever caused.

I understand that should I at anytime during the event, suffer from any disability whether permanent, temporary or otherwise which is likely to affect prejudicially my normal control of my kart, I may not take part unless I have declared such disability to the Clerk of the Course who will then consider whether I may be permitted to drive or not, and give his decision in writing.

NAME OF DRIVER : \_\_\_\_\_

DATE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

## ENTRANT'S DECLARATION

I declare that to the best of my belief the driver I have entered possesses that standard of competence for an event of the type to which this entry relates.

NAME OF ENTRANT : \_\_\_\_\_

JUNIOR MAX Class

DD2 Class   
DD2 MASTER Class

SIGNATURE : \_\_\_\_\_

NRIC / PASSPORT NO.: \_\_\_\_\_ DATE : \_\_\_\_\_

**TO BE STAMPED BY NATIONAL ASN**

Blood Group of driver : \_\_\_\_\_

Date : \_\_\_\_\_