



Signing On Declaration

OFFICIALS

FOR OFFICIALS

I agree to act in an official capacity at this Event and in consideration of this the Organising Club(s) have affected for my benefit a Personal Accident Insurance Policy for death or benefits as prescribed more specifically by the ASN. I have been given an opportunity to read the ASN National Competition Rules and if any the Official Document for this Event and agree to be bound by them. I declare that I am physically fit to carry out my duties and that I do not have any disabilities or mental health conditions that may affect my ability to carry out my duties. I declare that I have not consumed any substance with may affect my ability to carry out my duties. 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 duties. I acknowledge that I understand the nature and type of Competition and that I may be exposed to the potential risk and dangers inherent in motor sport and I will undertake my duties with their associated risks with due and proper regard for my safety and that of others. Further I understand that all persons having any connection with the promotion and / or organisation and / or conduct of the Event are insured against loss or injury caused through negligence. I hereby agree to abide by all ASN Codes, Guidelines and Policies and where applicable those of FIA'