LETS GO KARTING AT ROWRAH ARRIVE & DRIVE

INDEMNITY FORM

LETS GO KARTING	NAME	NAM	E AND CONTACT NO. (in case of emergency)
AT ROWRAH	ADDRESS		
ARRIVE & DRIVE	TELEPHONE NUMBER		
	SIGNATURE	DAT	re
In consideration of Cumbia Kart Racing Club Lets go Kar other vehicles, their representatives, agents and landowners howsoever caused, arising out of or in connection with my representative or agent. I confirm that I have seen a copy or regulations. I will comply fully with any Covid instruction. I accept that all efforts are made by CKRC staff to ensure the drive. I will satisfy myself before taking part that the venu	s from and against all actions, claims, costs, expendiving or attending this session, notwithstanding of and have read and agree to abide by the circuit sons given to me and confirm that I do not have any the safety and trackworthy condition of their equip	ses and demands in respect of death that the same may have been contra afety regulations as issued by Cum Covid related symptoms.	h, injury, loss or damage to the property or myself ibuted to or occasioned by the negligence of the said abria Kart Racing Club Ltd. as such, agree to their ely responsible for any decision as to my fitness to
safety of the equipment or venue. I will not participate whi before arriving at the circuit and seek approval before taking	lst under the influence of alcohol or intoxicating d	- · ·	* * * * * * * * * * * * * * * * * * * *
I hereby declare that I am in good health, that my eyesight disability that may make it unsafe for me to drive or continuous be necessary before allowing use of the circuit. I accept that to drive or ride as a passenger in full knowledge and appreciate with the lack of such facilities	ue to drive or ride as a passenger. Any driver with at Lets go Karting scheme are unable to offer on-s	a physical disability must declare te medical facilities, with the exce	this to the track supervisor and an assessment may ption of basic first aid, and I have made the decision
MOTORSPORT CAN BE DANGEROUS AND MA	Y INVOLVE INJURY OR DEATH		
FOR PARTICIPANTS UNDER THE AGE OF 18 competent to take part and will comply with the regul inspect same I also hereby agree that if the child show or the organisers or officials or entrants or owners of	lations I will, before allowing him/her to take uld sustain injury from any cause whilst taking	part, satisfy myself that the coug part in the event and, as a resu	urse, vehicles and facilities are safe and will alt, bring a claim for compensation against you
NAME Parent/Gu	ardian SIGNATURE		Date