



Date.....

Please complete this form in **BLOCK CAPITALS**

\*required fields

\*Driver's FULL Name.....

\*Email.....

\*Mobile..... \*Date Of Birth.....

\*Home Address.....

.....

\*Post Code.....

**Contact in emergency**

\*Name..... \*Phone.....

I hereby declare that I am in good health, that my eyesight is up to the standard required for a road driving test, that I am not under the influence of alcohol or drugs & that I am not suffering from any medical condition or disability which might make it unsafe for me to drive. I accept that I shall be solely responsible for any decision as to my fitness to participate & whether to drive, or stop driving, any kart or vehicle at any time whilst it is in my possession or under my control. I understand Essex Karting Raceways reserve the right to remove me from the circuit at any time if they consider my actions to be dangerous or detrimental to other circuit users and/or members of their staff. I agree to publication of any photos/video footage taken during my visit.

I hereby declare that I have read, understood & agree to abide by the Essex Karting Raceways Local Rules.

I hereby declare that I have watched, understood & agree to abide by the National Karting Association video safety briefing.

Parents or guardians must sign for drivers aged under 16

**\*SIGNATURE**.....

Please tick this box if you do not wish to receive information regarding special offers, products & services by EKR & affiliated companies

<b>For office use only –</b>									
Event type...	Prac	Enduro	GP	Sprint	IndEnd	FunDay	Iron	Youth	KidsParty
Kart type.....	2Fun	2Pro	Bam	Cad	Sng			No. Of Sessions.....	