

Completed Application forms can be sent to Jaco Deysel at jaco@motorsport.co.za

| 1. PERSONAL DETAILS | | |
|---|-----------------------------|----|
| NAME | SURNAME | |
| ID | LANDLINE NUMBER | |
| MOBILE | FAX | |
| PHYSICAL ADDRESS | | |
| СІТУ | POSTAL CODE | |
| POSTAL ADDRESS | | |
| CITY | CODE | |
| EMAIL | EMERGENCY CONTACT PERSON | |
| REGION | EMERGENCY CONTACT NUMBER | |
| WOULD YOU LIKE TO JOIN THE MSA LOYALTY PROGRAMME? | YES | NO |

| CATEGORY | OPTION TICKED | ADDITIONAL INFORMATION |
|---------------------------------------|---------------|------------------------|
| SENIOR RACE OFFICIAL (PLEASE SPECIFY) | | |
| MSA REGIONAL COMMITTEE MEMBER | | |
| MSA COMMISSION AND PANEL MEMBER | | |
| SERIES SPONSOR | | |
| SUPPLIER (FEE OF R 400) | | |
| OTHER | | |

PLEASE NOTE: MSA ACCESS CARDS SIMPLY GRANT THE HOLDER ACCESS TO MSA-SANCTIONED EVENTS BELOW INTERNATIONAL STATUS. THEY DO NOT AFFORD THE HOLDER PERSONAL ACCIDENT INSURANCE COVER THROUGH MSA. SUCH INSURANCE COVER, IF REQUIRED, IS TO BE ARRANGED SEPARATELY.

"I acknowledge that my conduct as an official is required to meet the standards set out in MSA's Code of Conduct for officials (as published on the MSA website) and accept that any breach of this code of conduct will be deemed to be a breach of MSA's regulations and may result in action being taken against me."

I certify that the above information is correct and I accept the conditions under which the access card will be issued.

| l also undertake t | o inform MSA of any ch | anges to my contact | details and agree t | to receive motorsport | t eNewsletters elect | ronically |
|--------------------|------------------------|---------------------|---------------------|-----------------------|----------------------|-----------|
| SIGNATURE: _ | | | DATE: | | | |

| FOR OFFICE USE ONLY | | | | |
|---------------------|--|--|--|--|
| Application Status | | | | |
| Access Card Number | | | | |
| | | | | |
| | | | | |

PROCESSING DATE: JACO DEYSEL - MEDIA AND COMMUNICATIONS

Regular participation in/or attendance of motorsport events may result in hearing loss. Competitors, service crews, families and officials must be aware that it is their responsibility to protect their hearing by wearing protective devices.

MSA reserves the right to request a Medical Certificate of present health condition should it be deemed necessary. Claims may be rejected should the Organising Club fail to confirm your official capacity in an event more that 72 hours after the finish of an event.

<u>INDEMNITY: THIS INDEMNITY/ DECLARATION/ UNDERTAKING MUST BE COMPLETED AND SIGNED BY EVERY OFFICIAL ON AN MSA</u> <u>SANCTIONED EVENT</u>

| I, (full names) | | | |
|--|---|--|--|
| of (address) | | | |
| by the supplementary regulations issue owners or possessors, guarantor an government, provincial or municipal be any damage done by any vehicle enter loss of whatever kind sustained by competition or any practice run, or whatever means such days the supplementary of the supplementary regulations is supplementary regulations. | ed for any competitions at which I of d/or sponsor of any competition or ody, and their respective officials, age ered by or ridden in or attended upon myself or any person riding in or a lile the said vehicle is on any road of amage, injury or loss may be caused agent, servant or representative of M | fficiate. I agree that neither MSA, not the owners/s of the property on vents, servants or representatives shall by me in any competition or for any attending upon it or any person where area forming part of the track or roull, and even though the same may be SA, or any promoter, organiser, guar | ed to as MSA, and I agree to be bound or the promoter, organiser, any vehicle which a competition is held, nor any be liable under any circumstances for personal injury - fatal or otherwise - or atsoever, whether caused during any ute, or any deviation there from or any contributed to or caused by the willful antor or sponsor of the competition, or |
| | orcycle, kart or quad, and that I am d | | ner, I warrant that I have the owner's to furnish the indemnities given above |
| the competition is held and any gove any legal liability for any damage or in | rnment, provincial or municipal body jury so done or sustained as aforesal | and their respective officials, agents id by myself or any other such person | the owners/s of any property on which, servants and representatives against s as aforesaid. I further declare that I form of motoring competition, which I |
| I furthermore acknowledge that I, as an | official, accept that I personally am b | oound by MSA's GCRs and SSRs. | |
| This indemnity shall apply to all comper permit has been granted by MSA, in w | | permit issued by MSA) or for which a | waiver from the need of holding such a |
| SIGNED AT | THIS THE | DAY OF | 20 |
| SIGNED | CAPACITY | I.D. No.: | |
| If any signatory to the above form o | findemnity is under 18 years of ago | e, the following addition shall be ma | de and completed. |
| I (full names) | | | |
| of (address) | | | |
| any form of motor sport controlled by I as part and parcel of, and together with | MSA and for which the said MSA has th the abovementioned form of indem er/ward*. I hereby acknowledge that | issued a permit or waiver permit. I anity which I have also signed on this | s not applicable) acting as an official in agree that this form of consent be read day and the contents of which are fully y assume the risks, dangers and perils |
| SIGNED AT | THIS THE | DAY OF | 20 |
| SIGNED | CAPACITY | I.D. No.: | |