



Event Date: 4th January 2014
“AEROFLOW OUTLAW NITRO CHALLENGE”
COMPETITION/STREET MEETING

ENTRIES CLOSE 1st January 2014

ANDRA REGISTERED: Yes or No (Circle) **ANDRA NUMBER** _____ **DAY LICENCE REQ:** Yes or No (Circle)

Entrant Name: _____

Address: _____

Contact Ph: _____

Email: _____

Vehicle Details: _____

Rego or Plate No: _____

Engine Details: _____

Conditions of Entry

I have read the “Motorsport is dangerous and supplementary regulations” issued for this event and agree to be bound by them and the rules of the Australian National Drag Racing Association, (ANDRA) I also acknowledge and agree as a condition of entry that neither the Australian National Drag Racing Association, (ANDRA) nor the promoters, nor Adelaide International Raceway, nor Adelaide International Raceway Promotions, nor the sponsor organisations, nor the land owners, nor the organisers of the event, nor their respective servants, official, representatives or agents (all of whom shall collectively be called the (“Organisers”)) shall be under any liability for my death, or any bodily injury, loss or damage which may be sustained or incurred by me as a result of participation in or being present at the event except in regards to any rights I may have arising under the Trade Practices Act 1974. I acknowledge that motor racing is dangerous and that accident causing death, bodily injury, disability and property damage can and do happen

Please return your forms to either racing@racingonn.com.au or P O Box 154, Angle Vale SA 5117 with your cheque/money order payable to Racing Onn Promotions or you can EFT your funds but your forms must be returned by email or via post.

Upon receipt of your forms & payment you will receive confirmation of your entry.

Signed _____ **Dated** ___/___/___

PLEASE RETURN THIS PAGE

Please nominate your vehicle class \$120.00 per competition vehicle, no crew members allocated at this cost. Each crew member is purchased separately at \$25.00 but not permitted to street registered bikes or vehicles. \$80.00 for street vehicles and bikes this includes your day licence. Any super street racer on day licence its an additional \$20.00. Please refer to supplementary regulations regarding crew allocations.

- Street Registered Vehicle (no crew) Street Registered Bike (no crew) S/Charged Outlaw
- Super Street Super Sedan Junior Dragster
- Modified Super Gas Sports Compact
- Modified Bike Nitro Outlaw Other _____

Crew (quantity) _____ Required **\$20.00 Each Crew Member (Not Permitted For Street Registered Vehicles or bikes)**

Day Licence Required **** Required For All Street Registered Vehicles And \$ 20 additional for Super Street Non Andra Registered****

Pre Purchased Racer Discounted Tickets QTY _____ @ \$20 each = _____

Additional vehicle in the pit area **\$30.00 vehicle only this is for support vehicle not tender vehicle.**

Racing Onn Membership No: _____ (Insert Card No)

Total Amount payable \$ _____ (If your a Racing Onn Members \$10.00 discount)

If you withdraw your entry, an administration fee of \$50 will be deducted from your initial entry fee. If you cancel within 1 weeks prior to the event no refund or transfer to another event.

Credentials will close at 6pm. No crew allocations will be permitted after 6pm. No exceptions.

Bank Details
please provide surname as reference
BSB: 065-189 (Commonwealth Bank)
Account No: 1004-4535
Account Name: Racing Onn Promotions P/L

OFFICE USE ONLY	
Date Received:	Entrant Number:



EXCLUSION OF LIABILITY RELEASE AND ASSUMPTION OF RISK

ENTRANTS/DRIVER/RIDERS.

PLEASE RETURN THIS PAGE

I/We being the entrants and/or driver and/or rider, certify that the particulars of this entry form are true and correct in every particular, to the best of my/our knowledge and belief.

I/We declare that I/We have read and understood the supplementary regulations issued for the event, and agree to be bound by them and the provisions of the competition rules of the Australian National Drag Racing Association (ANDRA).

In exchange for being able to enter, attend or participate in the event I/We agree:

- To release ANDRA, promoters, sponsor organisations, land owners and lessees, Racing Onn Promotions, their respective servants, officials, representatives and agents (collectively, the **Associated Entities**) from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (**including property damage**) (“**harm**”) howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law:
- That ANDRA and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied: and
- To attend or participate in the event at my/our own risk.

I/We acknowledge that:

- The risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
- Motor Vehicles (or parts of them) colliding with other motor vehicles, persons or property:
- Acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event: and
- The failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me/us

I/we accept the conditions of, and acknowledge the risks arising from, attending or participation in the event and being providing with event services by ANDRA and the associated entities

Signature _____ Date _____

PARENT/GUARDIAN CONSENT – PERSONS UNDER 18 YEARS OF AGE

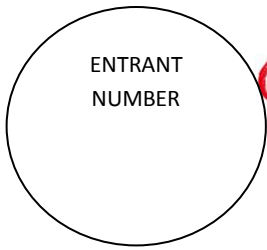
Where the driver/rider is under the age of 18 years the following Parent/Guardian Consent must be completed.

I _____ (please print)
of _____ (address)

Am the parent/guardian of the above name (the minor) who is under 18 years of age, I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/participating in the event at his/her own risk.

Parent/Guardian Signature _____ Date _____

	Win	Runner Up	Minimum Field Size for Prize money to be paid
Street Bike and Car	\$200.00	\$100.00	8
All ANDRA Brackets	\$500.00	\$250.00	8
S/Charged Outlaw	\$1,000.00	\$500.00	8
Perfect Light	\$200.00 or gift	**to be confirmed by sponsor on race day**	



ENTRANT
NUMBER



**COMPETITOR DECLARATION
FOR SCRUTINEERING**

PLEASE RETURN THIS PAGE

**Credentials will close at 6pm. No crew allocations will be permitted after 6pm
Scrutineering will start at 9am till 4pm.**

Part A

Competitor Event Details

Event Date 4 January 2014

First Name _____

Surname _____

Class _____

Bracket _____

Drivers Licence Number _____

ANDRA licence Type eg UDL, Group 1 _____

Part B

Category 1

Safety Critical

Category 2

Safety Non Critical

Category 3

Class Compliance & Non Safety

(White box is for ANDRA officials, Grey box is for competitors)

<input type="checkbox"/>	Helmet
<input type="checkbox"/>	Protective Clothing
<input type="checkbox"/>	Safety Harness
<input type="checkbox"/>	Roll Over Protection
<input type="checkbox"/>	Bellhousing/Auto Trans Shield
<input type="checkbox"/>	Fuel Shutoff
<input type="checkbox"/>	Supercharger restraints
<input type="checkbox"/>	Steering Systems
<input type="checkbox"/>	Suspension Systems
<input type="checkbox"/>	Seat & Mountings
<input type="checkbox"/>	Wheels/Tyres
<input type="checkbox"/>	Blower Belt Guard
<input type="checkbox"/>	Lanyard/Ignition
<input type="checkbox"/>	Technical Inspection
<input type="checkbox"/>	Cylinder Head Restraints
<input type="checkbox"/>	Throttle Return
<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Fire System
<input type="checkbox"/>	Breaking System
<input type="checkbox"/>	Parachute/s
<input type="checkbox"/>	Clutch/Chain guard
<input type="checkbox"/>	Wheelie Bars

<input type="checkbox"/>	Engine & Transmission
<input type="checkbox"/>	Clutch & Flywheel
<input type="checkbox"/>	Neutral Safety Switch
<input type="checkbox"/>	Wing Mounts
<input type="checkbox"/>	Fuel Tank/Cell/Lines
<input type="checkbox"/>	Liquid Overflow
<input type="checkbox"/>	Lower Eng Cont. Devices
<input type="checkbox"/>	Cooling Systems
<input type="checkbox"/>	Battery/Mounting
<input type="checkbox"/>	Battery isolation Switch
<input type="checkbox"/>	Lubrication System
<input type="checkbox"/>	Tailshaft Loop
<input type="checkbox"/>	Firewall

<input type="checkbox"/>	Engine Capacity & Components
<input type="checkbox"/>	Transmission Type
<input type="checkbox"/>	Body Dimension & Aerodynamics
<input type="checkbox"/>	S/Charger Overdrive/Size/Type
<input type="checkbox"/>	Electronic devices
<input type="checkbox"/>	General Vehicle Presentation
<input type="checkbox"/>	Completion Number & Class Display
<input type="checkbox"/>	Fuel Blend _____

For clarification, please refer to supplementary regulations under "ESP Extended Scrutineering Declaration"

Part C

I, the competitor noted in Section A, state that I or my Agent have inspected the entered vehicle against all items ticked in Section B of this form, and confirm that the vehicle complies with all relevant minimum safety and class eligibility requirements of the ANDRA Competition Regulations, and that the vehicle will be made available for Compliance Audit/s if requested, and I am aware that where any breach of, or non-compliance with these regulations is found during Compliance Audit I render myself liable to the penalties noted in Section 6.2 of the ESP Policy and/or Tribunal Action and my signature below indicated my acceptance of these conditions.

Signature of competitor _____

Date: _____

Witness Name _____

Position _____

Witness Signature _____

Time _____

ANDRA Official Signature _____

Officials Name _____



EMERGENCY CONTACT DETAILS

(Kept stictly private and confidential)

This information is for the benefit of the applicant and will be held in strict confidence by Racing Onn Promotions at all times except in the case of a medical emergency at which the details will be made available to on site medical personnel. Non completion of this form is the chosen responsibility of the applicant.

Applicant Detail

Applicant Name: _____ Surname: _____

Address: _____

State & P/Code: _____

Contact Ph: _____

Email: _____

Next of Kin Details

Name: _____ Surname: _____

Relationship to you _____

Contact Ph: _____

General Practitioners Details

Doctor Name: _____ Practice Name: _____

Address of surgery _____

Contact Ph: _____ A/Hours Ph: _____

Your Medical Information

Blood Group (if known) _____

Any allergies (Penicillin, bee stings, iodine) _____

Do you regularly take any prescribed medicines? If so, describe: _____

Any known medical conditions or illnesses: _____

Any other relevant information or important medical details you wish to provide: _____