



Competitors Indemnity & Registration Form

We, (driver) _____, & (co-driver) _____ fully understand that the activities that will be participating in, being off-road motor sport, are potentially dangerous to myself, my passengers, & others/bystanders in the immediate area.

We have read & fully understood our obligations set out in the 2010 Opposite Lock Mackay Off-Road Challenge "Rules & Regulations" document.

We understand the Opposite Lock Mackay Off-Road Challenge Organisers, officials, sponsors, volunteers, & land owners will not be held responsible or liable in any accident, injury or damage to ourselves or our vehicles during the event, as well as any breach of any laws in which liability will arise.

In signing this form we (being driver, co-driver, family, successors, executors & administrators) shall indemnify & forfeit the right to legal action of any kind against the Opposite Lock Mackay Off-Road Challenge Organisers, officials, sponsors, volunteers, & land owners.

We also understand that to confirm our teams registration in the Opposite Lock Mackay Off-Road Challenge, this form is to be fully completed and returned along with the following fees;

Individual Class - \$180.00 per vehicle

Team Challenge (IF ALL MEMBERS HAVE COMPETED IN INDIVIDUAL EVENTS) - \$100.00 per team

Team Challenge (IF ALL MEMBERS HAVE NOT COMPETED IN INDIVIDUAL EVENTS) - \$150.00 per team

Drivers Signature: _____ Date: / /2010

Drivers Phone#: _____ Email: _____

Shirt Size: _____

Any known Allergies: _____

Any Medical Conditions: (epilepsy, diabetes, heart disease etc)

Do you take any medications: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Phone Contacts: 1. _____ 2. _____

Navigators Signature: _____ Date: / /2010

Navigators Phone# _____ Email: _____

Shirt Size: _____

Any known Allergies: _____

Any Medical Conditions: (epilepsy, diabetes, heart disease etc)

Do you take any medications: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Phone Contacts: 1. _____ 2. _____

Team Assistant (Optional): _____

Individual Team Name: _____

Vehicle Competing (Year, Make & Model): _____

Competing Vehicle Rego Number: _____

Class Competing In: Individual Class Team Challenge

Team Challenge Team Name: _____

Team Captain: _____ Phone#: _____

Yes, I would like a camp site for the following nights (Sites are \$10 per night);

Friday Saturday Sunday

****It is compulsory that ALL competitors provide a copy of their extended CTP insurance to ensure that they are covered for this event.****

Nominations are taken on a first in, first served basis. No places will be held without payment.

Your place will be confirmed when full payment is made into the Mackay Offroad Challenge bank account and this form is returned completed with a copy of your remittance of payment.

Details are;

Bank – Bank of Queensland

BSB Number – 124 001

Account Number – 20854888

Account Name – BY & SA Taylor - Mackay Offroad Challenge

For any further details, please contact Brent Taylor on 0414 455 542.

Competitors Profile

Note: This information will be placed on the Mackay Offroad Challenge website; www.mackayoffroadchallenge.com.au. Please also forward a photo of your vehicle, preferably with driver and navigator standing beside to brent@oplock.com.au.

Competing Vehicle (Year, Make & Model): _____

Individual Team Name: _____

Team Challenge Team Name (If applicable): _____

Vehicle Modifications: _____

Driver's Full Name: _____

Previous Competition Experience and Placing (eg 1st, Runner Up etc):

Navigator's Full Name: _____

Previous Competition Experience and Placing (eg 1st, Runner Up etc):
