ENTRY FORM: 24 HOUR ENDURO

NOTE: EVERY entrant to submit a completed and SIGNED entry form, regardless of who pays the entry fee. More than one rider cannot sign on the same form.
NO FORM / NO SIGNATURE = NO ENTRY / NO START!

Team Name _____

Rider 1	
Rider 2	
Rider 3	
Rider 4	

PLEASE CIRCLE WHAT CLASS YOU WILL BE RIDING.

MARATHON £190	**2 RIDER TEAM £350**	**3 RIDER TEAM £460**	**4 RIDER TEAM £530**
Plus Rodeo £200	**Plus Rodeo £360**	**Plus Rodeo £470**	**Plus Rodeo £540**
Expert	Expert	Clubman	Sportsman
Clubman	Clubman	Sportsman	
Veterans (over 40s)			

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL:

Rider Name: _____

Address: _____

_____ **Post Code:** _____

Contact Numbers: Mobile: _____ **Home:** _____

Email: _____

MEDICAL DECLARATION

1. Have you been rejected, or accepted at increased premiums for life insurance on medical grounds? YES/NO

2. Have you been treated for, do you now have, or have you ever had any of the following:

a)	Head Injury?	YES/NO
b)	Unconsciousness or concussion?	YES/NO
c)	High blood pressure/heart disease or disorder?	YES/NO
d)	Dizziness, fainting spells, epilepsy, fits or blackouts?	YES/NO
e)	Disease, injury or operation to either eye?	YES/NO
f)	Do you have any vision defect or loss of sight in either eye?	YES/NO
g)	Do you have any condition which affects movement of arms or legs?	YES/NO
h)	Do you have any false or missing limbs?	YES/NO

If you have answered YES to any of the above, please give further details:

_____

_____

_____

EACH ENTRANT MUST READ, SIGN AND DATE THE FOLLOWING DECLARATION :
(If Entrant is under 18 years of age, this form MUST be signed by their Parent: NOT by the Entrant)

I certify that the above statements are true and accurate and I understand that my license may be invalid/withdrawn should any prove to be so. I also authorise any hospital or medical practitioner to furnish information relative to me medical condition to ORPA.
I hereby declare that I have read and understand the rule book of the ORPA and agreed to be bound by them together with the supplementary regulations as have or may be issued for the event. I further declare that I am physically and mentally fit to take part in the event and am competent to do so. I confirm that I understand the nature and type of the event and the risks inherent with the sport and agree to accept the same not withstanding such risks may involve negligence on the part of the organization and / or officials. I further agree that I shall not seek to claim against the ORPA, the organizers and / or officials, the land owner, the promoter or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused and whether by the negligence or breach of statutory duty of the said bodies and persons. I further agree that the machine, which I enter and race, shall be suitable and proper for its purpose and that it will comply with the regulations in respect thereof. I understand and agree that I am required as soon as I arrive at the venue to register my arrival and sign on at any designated area.

Signed:_____ **Date**:_____

NOTE: EVERY entrant/team member must submit a completed and SIGNED entry form, regardless of who pays the entry fee. Two people cannot sign on the same form. Please print out one copy for each team member

NO FORM / NO SIGNATURE = NO ENTRY / NO START!

Paid by Cheque?
If you do not wish/are unable to pay on-line using the automated booking process, send us this completed form with a signed and dated cheque made payable to Dawn to Dusk Racing Ltd, to the address below. Then please print out one copy of this form for each rider/team member and bring it with you on the day completed and signed.

Paid online?
If you have paid on-line, please print out one copy of this form for each rider/team member and bring it with you on the day completed and signed, along with a print out of your payment confirmation.

Dawn to Dusk,
Unit 14 Woodlands Business Park,
Ystradgynlais,
South Wales, UK, SA9 1JW

Please do NOT send any SAE's

PLEASE READ THE REGS.