

## \*\*\*DRIVER ONLY\*\*\*

## **INDEMNITY FORM.**

Date of Event:		
Full Name of Authorised Driver:		
Address:		
Make of Car:Phone:		
WOF Expiry Date:Wristband #(s)		
Registration Expiry Date:Car Sticker #		
Driver's or Race Licence: Email Address		
Club Membership #		
I confir 1) 2) 3)	rm that: The above details are true and correct. My (Full NZ) licence has not been endorsed for any I am not suffering from any disability or health con ability. I have not been convicted of any driving offence re vehicle.	ndition, which could affect my driving
<ul> <li>I AGREE that during our use of the circuit:</li> <li>a) I will comply with the instructions of the circuit manager.</li> <li>b) I will not enter on the circuit without first obtaining permission from KIC.</li> <li>c) I will exercise due care at all times when on the circuit and understand that reckless or dangerous driving will result in our being prohibited from the circuit.</li> <li>d) I will not allow any person other than the authorised driver to drive the vehicle.</li> <li>e) I will not race against any other vehicle on the circuit.</li> <li>f) I will be responsible for and will pay you to make good any damage I cause to any property of Pukekohe Park Ltd or Hampton Downs whether situated on the circuit or within its environs.</li> </ul>		
Accepted by Kids in Cars Ltd Signature of Authorised Driver		