WWW.BROCKWEIR SOAPBOX DERBY, CO.UK

BROCKWEIR SOAPBOX DERBY

"Brake for the Border"

SATURDAY 16th SEPTEMBER 2023



ADULT ENTRY FORM

Contact Name:			
Contact Address:			
Contact Tel No: E-Mail:			
Name of Cart (for programme):			
Name of Driver (for programme):			
Entry fee raised/included: £ Cash/Cheque made payable to "Brockweir CIC" BACS Sort code: 20-60-58 a/c number: 03890740 Payee: Brockweir CIC (please state team name) Minimum entry (£50) should be included with this form. You will not be entered until it is received in full.			
Date			
Notes: • This form covers ONE entry only. • Please read the Entry Rules for the Cart specification and the race format. • Return completed entry form together with Sponsorship to: - Post: The Secretary, Brockweir CIC, Hudnalls Farm, Hudnalls Loop Road, St.Briavels, GL15 6SQ Email: hq@brockweirsoapboxderby.co.uk • Confirmation of entry will be notified by e-mail or post. • Please fill out the description of you, your team and your Cart in the space below and, if available now (but if not later) return with a photo. • For all enquiries regarding entry or rules please contact us on hq@brockweirsoapboxderby.co.uk			
Office Use Only			
Entry Paid Disclaimer P/G Consent Scrutinised Number Given			

BROCKWEIR SOAPBOX DERBY SATURDAY 16th SEPTEMBER

2023 DRIVER CONSENT FORM				
I,				
Signed (Driver):				
Date:				
Note By signing this form I also agree that the organisers are able to use any photographic or video images taken during the event of the named competitor in future publicity and on the event website without being named.				
Information for Programme				
Please provide us with some information on the driver, the team and the Cart. This will appear in our programme, and useful information can include: - your inspiration - any charity you are supporting - why you are entering - something funny about you or the team - anything you like, so long as it's clean – this is a family event!				

If you happen to already have a photograph of the driver and Cart, please also attach or email to us

If you don't, please ensure you provide one by the 20st August 2023

Also, feel free to share photographs of your Cart's development on social media!

Medical Consent Form

Driver Name:		Age		
Emerge	ency contact name	Relationship to you:		
Contact Telephone Numbers (in case of emergency): Mobile:				
Work:		Other:		
WOIK.		Other.		
Name of Doctor:				
Doctor's Address:				
Doctor's Tel no:				
	I consent to receiving any necessary medical treatment, including anaesthetic as considered necessary by the medical authorities present.			
	I declare that I am of sufficient fitness to participate in the event			
	I recognise that the event has inherent risks, including injury and that I understand those risks and accept them as part of the enjoyment.			
	All race organisers will not be liable, now or in the future, for any loss, expense, damage or claim I might have against them for any damage to my property or person as a result of my participation in the event.			
	I can confirm I have been advised to obtain my own personal liability and third party liability insurance for this event. I agree to indemnify the organisers of any liability arising from my actions to any person property			
IN CASE OF EMERGENCY: All information will be kept in the strictest of confidence and will not be kept longer than necessary Please complete the section below:				
Tick if you have had any of the following:		Fit. 6 Selfen and Leaders		
Asthma or bronchitis		Fits, fainting or blackouts Severe headaches		
Sight or hearing impairments Heart condition		Diabetes		
Travel Sickness		Any allergies e.g. food, material, dust		
Details of Drug/Food Allergies				
Please give details of any medical conditions which might affect your performance / safety on this course including any back / spinal problems:				
Do vo	u carry an Epi Pen?	Other illness, medical condition or impairments?		
Have you received medical or surgical treatment of		Have you been given specific medical advice to		
any kind from either your doctor or hospital during the last three months?		follow in emergencies?		
If the answer is YES please give details (including dosage of medicine)				
Signature: Date:				