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BROCKWEIR SOAPBOX DERBY
"Brake for the Border"

SATURDAY 16th SEPTEMBER 2023



BROCKWEIR
C.I.C.

ADULT ENTRY FORM

Contact Name:

Contact Address:

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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

Medical Consent Form

Driver Name: _____ Age _____
 Emergency contact name _____ Relationship to you: _____
 Contact Telephone Numbers (in case of emergency): Mobile: _____
 Work: _____ 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:			
Asthma or bronchitis		Fits, fainting or blackouts	
Sight or hearing impairments		Severe headaches	
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:

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Do you carry an Epi Pen?		Other illness, medical condition or impairments?	
Have you received medical or surgical treatment of any kind from either your doctor or hospital during the last three months?		Have you been given specific medical advice to follow in emergencies?	

If the answer is YES please give details (including dosage of medicine)

Signature: **Date:**.....