



BRACKET	CLASS	RACE NO.

Entrant to complete

Mailing Address: Willowbank Raceway, Champions way, Willowbank Qld 4307 Phone (07) 5461 5461 Fax (07) 5461 5463

Office: Willowbank Raceway, Champions way, Willowbank Qld

Enter online at www.willowbank-raceway.com.au

NAME OF DRIVER/ RIDER (Please Print Clearly)

EVENT DATE _____

FIRST NAME _____ SURNAME _____

ADDRESS _____ SUBURB/TOWN _____ POST CODE _____

PHONE NO. _____ EMAIL _____

VEHICLE TYPE _____ ENGINE CAPACITY _____ OCCUPATION _____

SPONSORS _____

EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK – ENTRANTS/DRIVERS/RIDERS

I/We being the entrant/s and/or driver and/or rider, certify that the particulars on the Entry Form are true and correct in every particular, to the best of my/our knowledge and belief.

I/We declare that I/We have read and understood the Supplementary Regulations issued for the event, and agree to be bound by them and the provisions of the Competition Rules of the Australian National Drag Racing Association Inc. (ANDRA).

In Exchange for being able to enter, attend or participate in the event I/WE agree:

. to release ANDRA, promoters, sponsors organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;

. that ANDRA and the Associated Entities do not make any warranty, implied and express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and

. to attend or participate in the event at my/our own risk.

I/We acknowledge that:

. the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:

. motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;

. acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and

. the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.

. motor sport is dangerous and that accidents causing harm can and do happen and may happen to me/us.

I/We accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by ANDRA and the Associated Entities.

NAME OF DRIVER/RIDER _____ SIGNATURE _____ / /

NAME OF ENTRANT _____ SIGNATURE _____ / /

Where the Driver/Rider is under the age of 18 years the following Parent/Guardian Consent must be completed:

PARENT/GUARDIAN CONSENT – PERSONS UNDER 18 YEARS OLD

I _____ (please print) of (address) _____ am the parent/guardian* of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/participation in the event at his/her own risk.

Parent/Guardian signature _____ Date ____/____/____ *delete whichever does not apply

PAYMENT DETAILS – FOR ENTRY FEE & PRICING SCHEDULE REFER TO EVENT REGULATIONS

ENTRY FEE INCLUDING DRDF \$ _____ SUNDAY WARM UP (IF APPLICABLE): \$ _____

DISCOUNT PASSES PER DAY: Friday _____ Saturday _____ Sunday _____ Total cost for passes: \$ _____

QUANTITY OF RESERVED SEATING (only available as two day seat): _____ Total cost for reserved seating: \$ _____

PAID BY MONEY ORDER, CHEQUE OR CREDIT CARD

Debit my VISA / MASTERCARD / BANKCARD (Circle card type) _____ / _____ / _____

CVV NUMBER (last three numbers on signature strip): _____ NAME ON CARD _____ EXPIRY DATE ____/____/____

SIGNATURE _____ DATE ____/____/____ TOTAL \$ _____

ENTRANT GST STATEMENT :**DO YOU HAVE AN AUSTRALIAN BUSINESS NUMBER FOR YOUR RACING PURPOSES YES ! ! NO ! !****IF YES INSERT YOUR ABN HERE** _____

(A Tax Invoice for payment of your entry will be attached to your entry form and will be available for collection with your entry.)

IF NO do you declare that your racing activities are undertaken on an amateur basis with no reasonable expectation of profit, and that you are not required to register for GST purposes YES ! !

SIGNED _____ DATE ____/____/____

Prizemoney will be paid direct to your nominated account. Those claiming GST are required to submit a Tax Invoice before payment will be made. Prizemoney cannot be paid to a Credit Card account.

ACCOUNT NAME: _____ BANK NAME & BRANCH _____

BRANCH NO _____ ACCOUNT NUMBER _____

Responsibility is on the racer/entrant to supply the correct account details. Any incorrect information requiring additional correspondence or phone calls will result in an \$11 fee(including GST) being deducted from any prizemoney to be paid.

SCRUTINEERS USE ONLY WEIGHT..... COMMENTS.....