

## Training Session Signing-On Form

Track: ..... Date: ..... Permit No: .....

By signing this form the Competitor, Team member or other authorised person certifies they are medically fit to ride or carry out their duties and are not under the influence of alcohol or drugs. Further that they are aware of the requirements of the Health & Safety at Work Act and their responsibilities to ensure it is upheld. Additionally, all Competitors confirm that their equipment conforms to the SCB Speedway Regulations and that they are responsible for the behaviour of all accompanying Team Members (mechanics, tuners, mentors etc)

**ONE EVENT APPLICATIONS MUST BE ATTACHED WHEN RETURNED TO THE OFFICE**

**YOU SHOULD BE AWARE THAT THERE MAY BE LIMITED OR NO INSURANCE COVER IN PLACE FOR TODAYS TRAINING SESSION. BY SIGNING ON YOU SIGNIFY THAT YOU HAVE UNDERSTOOD AND ACCEPTED THIS POSSIBILITY AND THAT THE SCB WHILST IT HAS PERMITTED THIS MEETING IT ACCEPTS NO LIABILITY FOR ANY INJURIES SUSTAINED**

[illegible]