



Medical Cover Signing on Sheet

- I agree that I will act as an Official at this event in whatever capacity is requested of me by the organisers and I confirm I am competent to do so
- I confirm that I will confirm the organisers immediately should any change in my condition occurs which I have reason to or ought to have reason to believe would affect my ability to carry out my duties
- I will inform the organisers should I be asked to officiate in a position or capacity which I do not feel confident or qualified to fulfil for any reason
- I further confirm that I have familiarized myself with the course/circuit/track and the facilities thereof and declare my acceptance for the purpose of my duties
- I acknowledge that as an official I may be exposed to the risk of injury or death and accept such risks and will undertake my duties with their associated risks with due and proper regard for my own safety
- I will observe and obey all instructions given me by the organization / venue owner
- I will provide witness statements, if asked for at any time in relation to any incident that may occur at the event

Medical cover company name _____

Name	Qualification/s	Signature

Please return to: Offroad Motorsport UK the trading name of YMSA Ltd
PO BOX 735, Chesterfield, S43 9DT