

# APPLICATION FORM

## NEWMARKET SOAPBOX DERBY

### Sunday before August Bank Holiday Monday

- The rules and regulations of the event have been drawn up for the benefit of the competitors and spectators and must be strictly adhered to.
- Teams must pay the security deposit of £50 to guarantee a position in the **Newmarket Soapbox Derby**. Cheques must be made payable to Newmarket Town Council. The deposit will be returned after the event.
- Please note that the entry fee is non-refundable, and soapboxes will only be allowed to race subject to rules of the event and scrutineering. (Please refer to scrutineering guidelines).
- Competitors must sign a disclaimer and waiver of liability in order to compete.

### Category

Corporate / Private:		Military / Emergency Services:	
Racing Industry:		Student:	

### Team Name

Team Name:	
Business / School / College:	

### Team Members

Driver Name (Captain):	
Member 1:	Passenger: <input type="checkbox"/>
Member 2:	
Member 3:	

### Notes:

- Maximum of 2 riders per team.
- ALL RIDERS AND ALL TEAM MEMBERS to sign Disclaimers (forms enclosed)
- Team Captain is responsible for the safety of their team.

### Team History / Inspiration / Funny Stuff

Any other information you could give about your team for our commentator (Go on! Dish the dirt on your team members)

# APPLICATION FORM

## TEAM CAPTAIN DETAILS

Name:		Date of Birth:	
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## Address

Address:			
Town / City:		Post Code:	
Email:		Contact Number:	07808 952706

## Any Known Medical Conditions:

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## Emergency Contact

Name:		Contact Number:	
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## Disclaimer, Waiver of Liability, Photo / Video Release

The undersigned Racer / Team Member and where applicable Parent / Guardian hereby specifically releases the **Newmarket Soapbox Derby** Organisation Committee and each and every individual member and their associates and each and every individual involved in organising, supervising, running and assisting to run the **Newmarket Soapbox Derby** from any and all liability whatsoever for any injuries, loss, expense or damage to the Racer and Racer's property as a result of the Racer's involvement and participation in the **Newmarket Soapbox Derby**.

The Racer / Team Member and where applicable Parent / Guardian hereby agrees that by the Racer taking part in the **Newmarket Soapbox Derby** and signing this Disclaimer and Waiver of Liability that they will be liable whether jointly or severally for any loss, expense, damage or injury the Racer may cause to third parties or loss or damage to third party property caused by their participation, and hereby agrees to relieve and save harmless the **Newmarket Soapbox Derby** Organisation Committee and each and every individual involved in supervising, running and assisting to run the **Newmarket Soapbox Derby** from all liability pertaining thereto.

The Racer / Team Member hereby give permission for images of the Racer / Team Members, captured during participation in the **Newmarket Soapbox Derby** through video, photo and digital camera, to be used solely for the purposes of **Newmarket Soapbox Derby** promotional material and publications, and waive any and all rights of compensation or ownership, and copyright pertaining thereto.

## Racer

Name:		Signature:		Date:	
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## Parent / Guardian (Required if racer is under 18 years)

Name:		Signature:		Date:	
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# APPLICATION FORM

## TEAM MEMBER 1 DETAILS

Name:		Date of Birth:	
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### Address

Address:			
Town / City:		Post Code:	
Email:		Contact Number:	

### Any Known Medical Conditions:

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### Emergency Contact

Name:		Contact Number:	
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### Racer

Name:		Signature:		Date:	
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### Parent / Guardian (Required if racer is under 18 years)

Name:		Signature:		Date:	
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# APPLICATION FORM

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## TEAM MEMBER 1 DETAILS

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# APPLICATION FORM

## TEAM MEMBER 2 DETAILS

Name:		Date of Birth:	
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### Address

Address:			
Town / City:		Post Code:	
Email:		Contact Number:	

### Any Known Medical Conditions:

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### Emergency Contact

Name:		Contact Number:	
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### Racer

Name:		Signature:		Date:	
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### Parent / Guardian (Required if racer is under 18 years)

Name:		Signature:		Date:	
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# APPLICATION FORM

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## TEAM MEMBER 2 DETAILS

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# APPLICATION FORM

## TEAM MEMBER 3 DETAILS

Name:		Date of Birth:	
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### Address

Address:			
Town / City:		Post Code:	
Email:		Contact Number:	07808 952706

### Any Known Medical Conditions:

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### Emergency Contact

Name:		Contact Number:	
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### Racer

Name:		Signature:		Date:	
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### Parent / Guardian (Required if racer is under 18 years)

Name:		Signature:		Date:	
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