DECLARATION AND INDEMNITY / WAIVER





/ 2018

For the Event on the closed circuit of Spa-Francorchamps

Signature:

Personal Details	
Name:	
Addres	s:
Countr	y:
Email:	
Please	add me to the RSRSpa Newsletter for news about Spa Trackdays:
Driver:	Passenger:
Emergency contact details in the event in case of accident	
Name:	
Phone:	
act or omission or otherwise, shall be made by me or on my behalf or on behalf of any of my dependants against RSR any of the following: RSR, The organiser, its agents, employees, contractors, consultants, representatives or assistants The event instructors Any company or organisation connected with the event The owners or operators of race circuits or test tracks used Any other driver or passenger taking part Any guest or bystander at the event I understand that while driving my own vehicle or any vehicle loaned or hired to me at a circuit on any event organised by RSR, I do so at my own risk and no claim of any kind including without limitation any damage to such vehicle will be made against RSR or any associated company, organisation or person.	
	Inity to the above conditions and hold RSR and the companies, organisations and persons listed above against any liability ever arising under this agreement and I agree:
1. To	follow the directions of the organisers and instructors at all times during the event and understand that the organisers d/or instructors are entitled to exclude guests from any further involvement if such a guest is driving recklessly or ngerously.
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I understand that RSR accepts no responsibility for any loss or damage to any items brought to the event. I confirm that I do not suffer from haemophilia and have no history of epilepsy, colour blindness or any other disease, which affects the ability to distinguish flags or any other medical condition that could affect my ability to take part in this event.	

Date: