



WOMZA2WHEELS

P O Box 12852 , Rynfield, Benoni, 1501
WhatsApp: 074 959 1209 E-mail: info@womza2wheels.com

2020 COMPETITOR LICENCE APPLICATION

PLEASE FAX OR E-MAIL **TOGETHER WITH CONFIRMATION OF PAYMENT TO:**

E-mail: info@womza2wheels.com

COMPETITORS INFORMATION			
SURNAME:		FULL NAMES:	
ID NO:			MALE / FEMALE
DATE OF BIRTH		Age On 31 December 2019 (this is the class you will be competing in.)	
ADDRESS:			
CELL:		EMAIL:	
NEXT OF KIN:		EMAIL:	
CATEGORY: MX/ENDURO/CIRCUIT/OFF ROAD/SHORT CIRCUIT - SUPERMOTO			
HAS THE COMPETITOR EVER BEEN PROHIBITED FROM PARTICIPATING IN MOTORSPORT ON MEDICAL GROUNDS:		YES	NO
CLUB YOU BELONG TO		BIKE NO:	
		TO BE CONFIRMED	
CLASS, YOU WILL BE COMPETING IN			

APPLICANTS UNDER THE AGE OF 18 YEARS OLD, GUARDIAN/PARENT PLEASE COMPLETE THE BELOW WITH YOUR INFORMATION

SURNAME:		FULL NAMES:	
CELL:	TEL:	EMAIL:	

LICENCE and PERSONAL ACCIDENT PREMIUMS 2 WHEELS / QUADS

LICENSE FEES – TWO WHEELS/QUADS

PERSONAL ACCIDENT – TWO WHEELS/QUADS

All 2 wheel categories - National	R 650.00
All MX competitors- Inter-provincial	R 550.00
All 2 wheel categories - Regional	R 550.00
All 2 wheel categories - Club	R 450.00
All 2 wheel categories – One Event	R 350.00
DATE OF EVENT:	
All Inland & Limpopo Series	R300.00

COMPETITORS HAVE TO BRING THEIR LICENSE TO ALL EVENTS. NO LICENSE CAN RESULT IN COMPETITOR NOT BEING PERMITTED INTO THE RACE.

MEDICAL OPTION – PLEASE MARK WITH X		
OPTION 1 - R 100 000 Cover	R 5 230.00 PER ANNUM	
OPTION 2 - R 150 000 Cover	R 6 650.00 PER ANNUM	
OPTION 3 - R 200 000 Cover	R 8 042.00 PER ANNUM	
OPTION 4 - OWN MEDICAL		
OPTION 5 - NO MEDICAL WILL GO TO GOVERNMENT HOSPITAL		
THE ABOVE MEDICAL WILL ONLY BE VALID ONCE PAYMENT HAS BEEN RECEIVED		

I, hereby upon signature of this application accept all the regulations applicable to the rules and regulations governed by the category of motorsport I wish to compete in. Furthermore, I herewith accept that WOMZA2WHEELS may take action against me as a competitor, or my legal guardian and/or parent if any information is incorrect on this application.

SIGNATURE OF APPLICANT / PARENT / GUARDIAN

DATE

TOTAL DUE

License FEE	
MEDICAL P/A	
<u>TOTAL</u>	

WOMZA2WHEELS

Bank: First National Bank
Account Number: 62587250912
Branch Code: 250655
Branch: Benoni

COMPETITOR INDEMNITY

To be read and signed by every competitor

In consideration of being permitted to enter for any purposes any restricted area (herein defined as including but not limited to the racing surface, pit area, infield, paddock area, grandstand area and all walkways, concessions and other areas appurtenant to any area where any activity related to the event shall take place), or being permitted to compete, officiate, observe, work for, or any purpose participate in my way in the event, each of the undersigned, for himself/herself, his/her personal representatives, heirs, next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and his participation, if any, in the event constitutes and acknowledgement that he has inspected such restricted area or areas and accepts the same as being safe and reasonably suited for the purpose of his use, and he further agrees and warrants that in any time, he is in or about restricted areas and he feels anything unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. Hereby releases, waives, discharges and covenants not to sue (take legal action) towards the promoter, participants, racing controlling body, sanctioning organization or any subdivision thereof, track owner, track operator, officials, car owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as "releasees", from all liability to the undersigned, his representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in or upon the restricted area and/or competing, officiating in, observing, working for, or for any purpose participating in the event.

2. Hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted areas or in any way competing, officiating.

3. Hereby agrees on full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for, or for any purpose participating in the event.

Each of the undersigned expressly acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be a broad and inclusive as is permitted by law of the Province/Region or country in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

MEDICAL HISTORY AND PERSONAL ACCIDENT COVER REQUEST

Does the applicant have their own Medical Cover?
Please provide Medical Insurance Fund and Policy Number:
NB: If the applicant does not wish to purchase any Personal Accident and does not have own Medical Aid, kindly be advised that in the event of the applicant requiring medical treatment the applicant would be transferred to the closest Governmental Hospital. All costs occurred shall remain the responsibility of the applicant.
In an event of an emergency, I hereby authorise qualified Medical Personnel may treat me. I further agree that my next of kin may be contacted on my behalf.

TICK THE FOLLOWING IF APPLICABLE / NB: The following conditions CAN exclude a competitor from obtaining a competition licence:	
1. Uncontrolled Hypertension	2. Traumatic Amputation of a limb (negotiable)
3. Recent Cardiac Surgery	4. Heart to Heart Valve Problems
5. Drug or Alcohol abuse and/or addiction	6. Deafness in both ears with no balance problem
7. Paraplegia	8. Controlled Cardiac Arrhythmias
9. Type 1 and Type 2 Diabetes with complications	10. Recent Transplantation
11. Current / recent Chemotherapy	12. Current / recent Radiation therapy

NB: Following any accident/incident severe enough not to allow a competitor to participate any further at an event where the incident or accident took place, it shall be the sole responsibility for the competitor to provide an updated medical fitness report approved by a medical practitioner. Furthermore, WOMZA2WHEELS shall have the right to request a medical report from a medical practitioner on a competitor should they be of the opinion that the competitor could be declared medically unfit.

I hereby declare that I have read the indemnity and accept the contents of this application and all the regulations pertaining to the category of sport I wish to participate in.

SIGNATURE OF APPLICANT	SIGNATURE OF PARENT/GUARDIAN	
ON THIS	DAY OF	2016