

### Driver Information

First Name:		Last Name:	
<b>Contact Information:</b>			
Address:		Suite/Apt:	
City:	Prov/State	Country:	Post/Zip:
Office:	Home:	Cell:	Fax:
Email:		Date of Birth:	/ /
Shirt Size:	S	M	L XL 2XL 3XL
<b>Performance Driving Schools Attended:</b>			
None	Name:	Year Completed:	
<b>Civil Drivers License:</b>			
Civil Drivers License Number:	Date of Issue:	Date of Expiry: / /	
Stated Restrictions:	State/Prov:		
Country:	International:		
Traffic or competition incidents experienced in the past five years (please list on separate sheet if required)			
<b>Competition License:</b>			
None	FIA	CARS	SCCA NASA
Other, Specify:			
Level:	Club	Regional	National International
Years Held:	Expiry:	/ /	Competition License #
<b>First Aid</b>			
Accreditation:	St. John Ambulance	Red Cross	Other(specify):
None	Level:	Expiry:	/ /
<b>Next of Kin</b>			
Name:	Phone #:	Relationship:	

The Driver, by executing this agreement, agrees to participate in the event at his/her own risk. The entrant further agrees that he/she, the competitors, and all crewmembers shall execute a release agreement prior to their admission to the event.

Driver Sign: \_\_\_\_\_

Date: \_\_\_\_\_



## Co-Driver Information

First Name:		Last Name:	
<b>Contact Information:</b>			
Address:		Suite/Apt:	
City:		Prov/State	
		Country:	
Office:		Home:	
		Cell:	
		Fax:	
Email:		Date of Birth:	/ /
Shirt Size:	S	M	L XL 2XL 3XL
<b>Performance Driving Schools Attended:</b>			
None	Name:		Year Completed:
<b>Civil Drivers License:</b>			
Civil Drivers License Number:		Date of Issue:	
		Date of Expiry:	/ /
Stated Restrictions:		State/Prov:	
Country:		International:	
Traffic or competition incidents experienced in the past five years (please list on separate sheet if required)			
<b>Competition License:</b>			
None	FIA	CARS	SCCA NASA
Other, Specify:			
Level:	Club	Regional	National International
Years Held:	Expiry:	/ /	Competition License #
<b>First Aid</b>			
Accreditation:	St. John Ambulance	Red Cross	Other(specify):
None	Level:	Expiry:	/ /
<b>Next of Kin</b>			
Name:		Phone #:	Relationship:

### Statement:

The co-driver/navigator, by executing this agreement, agrees to participate in the event at his/her own risk. The entrant further agrees that he/she, the competitors, and all crewmembers shall execute a release agreement prior to their admission to the event.

Co-Driver Sign:

Date:



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## CODE OF COMPETITION CONDUCT

**Driver and Co-driver must complete and sign this form separately**

This Code of Competition Conduct must be executed by each competitor. It is a formal agreement between the competitor and Newfoundland International Motorsports Limited operating as Targa Newfoundland Bambina. It will remain in full force and effect during the course of the event and will govern my conduct at all times.

### AGREEMENT

Between: NEWFOUNDLAND INTERNATIONAL MOTORSPORTS LIMITED (Organizer)

And (Print): \_\_\_\_\_ (The Competitor)

By my signature to this document, I signify that I fully recognize that motorsport is dangerous and entails certain inherent risks and that I am in a competition on closed public roads on which events may occur that are beyond the control of the organizers.

I further agree and coven, that as a condition of my being given the privilege of being accepted as a competitor in this event that I will protect the safety of, the residents of the communities and the public who attend the event, the volunteers and officials who operate the event, the participants and crews who compete in the event and the properties through which the event runs.

I also agree that:

1. I will put the safety of others, particularly the general public, before my goals in the competition.
2. I will be bound by this Code of Competition Conduct, the General Competition Rules governing the sport and the Rules and Regulations governing Targa Newfoundland Bambina.
3. During the event, I will not conduct myself or my vehicle in a reckless or imprudent manner that may create a dangerous situation for myself or others and therefore agree to conduct myself in a safe and prudent manner.
4. I will not knowingly place myself or others, be they competitors or not, in a position of undue risk, nor will I, by my actions, place my fellow competitors in a position of risk or a position where they will place others at risk. I further understand that I must report any and all incidents that I observe having occurred on stage to an event official at the earliest opportunity.
5. Regardless of the circumstances, I will afford the officials, volunteers and my fellow competitors, in the event and the general public who are affected by the event the consideration and politeness which they are due.
6. I will be bound by and obey the laws of the Province of Newfoundland and Labrador, its Highway Traffic Act, and the Regulations that are appended to that act.
7. I will commit that my vehicle is prepared to the regulations of the event and the class that I have registered it for and that it is presented in a safe and roadworthy condition for competition.
8. I will recognize and respect the fact that I have the same rights to compete as other competitors and other competitors have the same rights as I.

Signed for: Newfoundland International Motorsports Limited

By: \_\_\_\_\_

Signed by: The Competitor

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_



Driver and Co-driver must complete and sign this form separately

Please execute the applicable section by striking out the inapplicable section

1. By my signature to this section of this document I attest that I believe myself to be mentally and physically fit to compete in Targa Newfoundland Bambina. I HAVE\_\_ / HAVE NOT\_\_ attached a physician's medical to this affidavit.

I understand and acknowledge that the event is a demanding motorsport competition and that as a competitor I will be subjected to both mental and physical stress levels that are above normal due to conditions that will include, but are not limited to, long days, extremes of physical forces, noise, heat and emotional strain.

I undertake that if, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

Having read and understood the above conditions I hereby attest that I that I am mentally and physically fit to take part in this competition.

2. I disclose that:

- I have a medical condition (set out on the reverse of this document) that the Event Doctor should be aware of.
- I agree to allow the Event Doctor unrestricted access my medical files, if required, to aid in making a determination as to my fitness to compete and the terms and conditions under which I will be allowed to compete. IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL\_\_\_\_\_
- I have listed all medications that I currently take and agree to provide any background information to the Event Doctor to aid in his/her complete understanding of such medications and their implications on my fitness to compete. IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL\_\_\_\_\_
- I acknowledge that the Event Doctor is the final authority in these matters.

I understand and acknowledge that the event is a demanding motorsport competition and that as a competitor I will be subjected to both mental and physical stress levels that are above normal due to conditions that will include, but are not limited to, long days, extremes of physical forces, noise, heat and emotional strain.

I undertake that:

- If, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

I am prepared to meet with the Event Doctor regarding this condition and agree to abide by his/her decision as to whether or not I should compete. I further agree that as a condition of my acceptance as a competitor I will comply with any terms set out by the event medical officer.

Name (print): \_\_\_\_\_ (Signature): \_\_\_\_\_  
 Witness (print): \_\_\_\_\_ (Signature): \_\_\_\_\_  
 Date: \_\_\_\_\_

Event Medical Officer (Office Use Only)

By my initial in the appropriate place below and my signature to this document I hereby attest that I have met with the competitor named in this document and his crew and have decided that his condition WILL NOT \_\_\_/ WILL \_\_\_prevent him from entering this event. The terms and or conditions of his acceptance are set out below.

Terms of Acceptance (please mark as Applicable / Not applicable)

Date: \_\_\_\_\_ Name (print): \_\_\_\_\_  
 (Signature): \_\_\_\_\_



## Entrant/Team Declaration & Documentation Checklist

**Driver and Co-driver must each sign & date this form together, if possible**

All entrants must properly determine which class their vehicle falls into according to the regulations & addendums. The organizers reserve the right to re-classify any vehicle in question if they feel it has not been properly declared.

The vehicle being entered into the event must adhere to and comply with all the rules and regulations in force in the province of Newfoundland. As well, the vehicle must conform to the rules and regulations and the spirit contained within the Targa Newfoundland Bambina Regulations, as well as all bulletins and addendums published.

### DECLARATION

I/we, the registered owner of the vehicle and/or any driver, co-driver or navigator authorized to use the vehicle during the event, by signing below, declare the vehicle entered in Targa Newfoundland Bambina adheres to and complies with the rules and regulations referred to above.

Registered Owner of the Vehicle Entered:

SIGNED: \_\_\_\_\_ Date:        /        /

Printed Name: \_\_\_\_\_

Driver/Co-Driver/Navigator During Targa Newfoundland Bambina:

1. DRIVER SIGNATURE: \_\_\_\_\_ Date:        /        /

2. CO-DRIVER/NAVIGATOR SIGNATURE: \_\_\_\_\_ Date:        /        /

### DOCUMENTATION CHECKLIST

Copies of the following items must accompany this application by fax (709) 753-7646, mail, or email registrar@targanewfoundland.com. You must have the original of vehicle insurance with you at registration.

Ensure that the items below show an expiry date no earlier than July 2<sup>nd</sup>, 2018.

Item	Included	Absent	Reason for Absence
DRIVER – Provincial/State Driver’s License			
DRIVER Competition License			
DRIVER First Aid Certificate			
DRIVER Code of Competition Conduct			
DRIVER Medical Affidavit			
CO-DRIVER – Provincial/State Driver’s License			
CO-DRIVER Competition License			
CO-DRIVER First Aid Certificate			
CO-DRIVER Code of Competition Conduct			
CO-DRIVER Medical Affidavit			
PICTURES of Driver, Co-Driver and Vehicle			
VEHICLE Insurance Coverage Document			
VEHICLE Registration Document			
Letter of Permission to use vehicle from owner (if different from entrant, driver or co-driver)			



**SERVICE CREW INFORMATION**

All teams who are planning on bringing any support crew and/or support vehicle(s) must fill out this form.

a. SUPPORT CREW MEMBERS and contact number during competition (2 crew members per competition vehicle)		
Name:	Contact No:	
Name:	Contact No:	
Additional Crew Members		
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
Name:	Contact No:	
b. SUPPORT VEHICLE DETAILS		
Year:	Make:	Model:
Colour:	License Plate #:	Province/ State:
c. TRAILER INFORMATION		
Length(in feet):	Open	Enclosed

To submit your entry form for the 2018 Tom Hollett Memorial Targa Bambina you have the following options:

Email: [registrar@targanewfoundland.com](mailto:registrar@targanewfoundland.com)

Mail or Courier:  
 Targa Newfoundland  
 303 Thorburn Road, Suite 2-D  
 St. John's, NL  
 A1B 4R1

Fax:  
 1-709-753-7646

