



# INDEMNITY FORM

FOR NON LICENSED, NON MEMBER DRIVERS USING THE  
HAWKE'S BAY KARTING CLUB TRACK AND FACILITIES

I

(name of participant)

HEREBY AGREE to fully indemnify the Association known as the FIA, CIK, the MSNZ, KartSport New Zealand, the WPKA, the Hawke's Bay Kart Club Inc, the Hastings District Council, the Hawke's Bay Regional Council, all sponsors, and all or any members, officials, assistants or employees of the above named or known organisations against any injury or accident to myself or damage done to equipment or property in my care.

Minors (under 18) **must** have parental or guardian signature approving this indemnity.

I agree to abide by any instructions given by officials of the Hawke's Bay Karting Club Inc and to wear a safety helmet, gloves and clothing, all of which comply with the KartSport New Zealand rules.

This indemnity is valid for one day of track use only. **PLEASE PRINT CLEARLY**

Today's date \_\_\_\_\_ If under 18; birth date \_\_\_\_\_

**Name of participant** \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Contact phone ( \_\_\_\_ ) \_\_\_\_\_ Name of Doctor \_\_\_\_\_

May we send you newsletters and notices from KartSport Hawke's Bay      yes    no    (circle)

Email address \_\_\_\_\_

**Signature of participant** \_\_\_\_\_

\_\_\_\_\_

If under 18 years; **full name** of Guardian/Parent agreeing to the conditions

Name \_\_\_\_\_

**Signature of Guardian/Parent** \_\_\_\_\_

Name of Hawke's Bay Kart Club Member Assisting

**Name** \_\_\_\_\_

Signature of Hawke's Bay Kart Club Member Assisting

**Sign** \_\_\_\_\_

Hawke's Bay Karting Club Inc., PO Box 1137, Hastings 4156

\_\_\_\_\_

## Groups

Name \_\_\_\_\_

Phone No: \_\_\_\_\_ Email \_\_\_\_\_

Name of Doctor \_\_\_\_\_

If under 18 (birthdate)\_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

**Signature of Guardian/Parent** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

Name \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Name of Doctor \_\_\_\_\_

If under 18 (birthdate)\_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

**Signature of Guardian/Parent** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

Name \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Name of Doctor \_\_\_\_\_

If under 18 (birthdate)\_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

**Signature of Guardian/Parent** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

Name \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Name of Doctor \_\_\_\_\_

If under 18 (birthdate)\_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

**Signature of Guardian/Parent** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_