



MEDICAL DISCLAIMER FORM

I, the undersigned driver / co-driver understands that medical insurance/ racing insurance is a requirement from IBASA for the issuing of his/her licence.

I, the undersigned driver / co-driver hereby agree that in the event of not having medical insurance or racing insurance he / she will in the event of any injury whatsoever be transported or evacuated to the Provincial / Government hospital and be treated by their medical doctors and staff.

I also do hereby agree for myself, my dependants and my estate, that neither I, my dependants nor my estate shall have any claim whatsoever against IBASA / PSA/ UIM and the organizing club, or any other body associated with the race and their respective officials, agents or employees, and I do hereby indemnify the persons aforesaid against all actions, costs expenses and demands in respect of death, injury or damages to the person or property of myself, drivers or mechanics; or any other person whatsoever and howsoever caused, arising out of or in connection with the entry, or my taking part in a race and notwithstanding that the same day may have contributed to or occasioned by the negligence of said bodies their officials, servants, representatives or agents.

Driver / Co-Driver signature ID number:.....

Witness:..... Licence number:.....

Date:.....