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| **PERSONAL INFORMATION**  |
| First Name: |  |
| Surname: |  |
| Address:Incl Postcode |  |
| Tel no: |  | Mobile No: |  |
| Email: |  |
| Emergency Contact  | (Name, contact Numbers & relation) |

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| **MEDIA ROLE (PLEASE TICK ALL THAT APPLY)** |
| Journalist (print media) |  | Journalist (Digital Media) |  | Media Photographer |  |
| Film/TV Crew |  | Radio broadcaster |  | Freelance |  |
| Others (please provide information) |  |

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| **ACCREDITATION *(Internal use)*** |
| MSA Accreditation  | Card No |  | Bib No |  |
| MI Accreditation | Card No |  | Marshall’s Training |  |
| Insurance checked |  | Deposit Paid |  |
| Other |  |
| Checked by: |  |

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| **INFORMATION ABOUT YOUR ORGANISATION** |
| Organisation Name |  |
| Organisation Address |  |
| Telephone No |  |
| Website Address |  |
| Email |  |
| Short description of publication |  |

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| **DECLARATION – Please read carefully and sign** |
| In accepting a pass which enables me to move outside of approved enclosures, I acknowledge the risks to myself involved in the use of this pass. Furthermore, in consideration of the facilities granted to me, I agree to save harmless and keep indemnified the organisers of the event for which this pass is valid; the RAC Motor Sports Association, Northern Ireland Motor Club and their respective officials, servants, representatives, agents and drivers from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss or damage to the person or property of myself, and not withstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives, agents and drivers.Further, I agree to act in accordance with the instructions of officials of this meeting. Failure to comply with these instructions may result in the withdrawal of passes and press facilities.I declare that I am over 18 years of age. |
| Signature  |  | Date |  |