

CONISTON RECORD WEEK : 1st NOVEMBER - 5TH NOVEMBER 2021

Sequence No.....

A COPY OF THE MEASUREMENT CERTIFICATE MUST ACCOMPANY THIS ENTRY

Where 'Not Applicable', enter N/A, there must be no blank spaces

PRINT THROUGHOUT except for signature(s)

CLASS..... **Ensure correct description as per Records List**
 Are there qualifications for this Class ? Yes or No.....
 If YES, attach copy results, see UIM Rule 615.05.

DRIVER **OWNER**.....
DRIVER'S
ADDRESS
 **POST CODE**
TELEPHONE NUMBERS, HOME **WORK** **FAX**
CLUB..... **LICENCE NO**

HULL
NAME OF BOAT **BPBA REGISTERED HULL NUMBER**
YEAR BUILT **RACING NUMBER**
DESIGNER **BUILDER**
LENGTH **BEAM** **WEIGHT**
MATERIALS : HULL **DECK** **SUPERSTRUCTURE**
COLOURS : DECK **HULL**

ENGINE(S)
MAKE **MODEL** **HOW MANY**
ENGINE(S) SERIAL NUMBER(S) **YEAR**
NO OF CYLINDERS **C.C.** **B.H.P./Kw** **MAX REVS**
BORE **STROKE** **FUEL**
FUEL DELIVERY (Compression ignition/carburettor/injection etc)
POWER ENHANCEMENT (Supercharged, turbocharged, etc)

I have read and understood the Advance Regulations for this meeting and agree to be bound by them and by the Rules of the Union Internationale Motonautique and the BPBA Limited. I agree to accept the decisions of the Organising Committee and Officials nominated by them. In consideration of the acceptance of this Entry or my being permitted to take part in the Meeting, I agree to save harmless and keep Indemnified the Organising Committee, any Sponsors and the BPBA Limited and their respective Officials, Servants, and Agents, and any other boat owner or driver, my driver(s), my passenger(s) or mechanic(s), as the case may be, against all actions, proceedings, costs, claims, and demands, howsoever caused and whether caused by the act, neglect or default of myself or of my driver(s), my passenger(s) or mechanic(s), arising out of, or in connection with, my taking part in this Meeting notwithstanding that the same may have been contributed to or occasioned by the negligence of the said person or bodies, their Officials, Servants, Representatives or Agents.

IDENTIFICATION OF RISK: I am fully aware and conscious of the actual and potential risks involved in active water sports, including drowning, hypothermia and other physical injuries. I accept that, by engaging in active water sports, my physical safety could be endangered. I am also aware that other competitors' actions, and the actions or inactions of the organisers of water sports events, including the drivers of safety craft, can also endanger my physical safety.

ACKNOWLEDGEMENT OF RISK: I acknowledge that it is up to me personally to assess whether any event or activity on the water is too difficult for me or my crew. I acknowledge that the safety of my boat and her entire management including insurance is my sole responsibility, and I am satisfied that the boat and crew are adequate to face the conditions that may arise in the course of the event. I acknowledge that scrutineering does not constitute a condition survey of the craft and it is my sole responsibility to decide whether or not to practice or make an attempt or to continue an attempt. I acknowledge that the efficiency of the helmets and racing vests worn is my sole responsibility.

I confirm I will claim any New Records standing to my name at the end of the event.

I ENCLOSE MY FEE AS PER THE ADVANCE REGS FOR THIS ENTRY.

Cheques payable to **CONISTON RECORD ATTEMPTS**. Foreign Entrants must pay by Eurocheque or sterling cash.

PLEASE SEND THE FULLY COMPLETED ENTRY FORM, MEASUREMENT CERTIFICATE AND ENTRY FEE TO ARRIVE NO LATER THAN FRIDAY 22nd OCTOBER TO:

Alison Whalley, 9 Brookhouse Gardens, Parkin Lane, Bradford BD10 0NH

AFTER FRIDAY 22nd OCTOBER In person to the Record Week Office at Coniston, see Adv. Regs., paragraph 6

ENTRANT'S SIGNATURE **DATE**

IF UNDER EIGHTEEN, STATE AGE **PARENT/GUARDIAN SIGNATURE**

PLEASE NOW COMPLETE PRESS INFORMATION SHEET

