



**Queensland Raceways**  
**Ipswich**

**Application for  
Competition Licence**

Annual / Day

Receipt No. \_\_\_\_\_

Licence Number \_\_\_\_\_

Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_



AUSTRALIAN AUTO-SPORT ALLIANCE INC

I want to drive in: Motorkhanas, Drive Days, Sprints, Races (Activities)			Circle Requ's	ID#
Full Name:				Birth date:
Street Address:		Town:		Postcode:
Email address:	Mob:	AH:	BH:	Fax:

**Conditions of Issue:**

I, the Applicant, of my own free will apply to Rev City Pty Ltd ("Track Operator") for an AASA Licence to use for the purposes of driving a car, or riding a motorcycle or sidecar in competition and test sessions conducted by the Track Operator and also for the purpose of taking part as an official, spectator, crew or mechanic in connection with an authorised Activity or Performance Testing. I certify that all information on this form is correct and will advise Track Operator in the event of any physical impairment that may occur which could affect my ability to continue to undertake an Activity and/or Testing.

**Warning of Risk**

I acknowledge and agree that competing in an Activity or Performance Testing is dangerous and that accidents can and often do happen. I agree the Track Operator has the right to terminate my participation in any Activity or Performance Testing at any time for whatever reason its sees fit at the time. I declare that I have read and understood these warnings and accept all the inherent risks and danger in competing, testing and the activities surrounding the testing.

**Exclusion of Liability**

I agree to absolve the Track Operator from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my use of the Queensland Raceway in any capacity.

**Indemnity**

In consideration of the Track Operator granting me the Licence I agree to indemnify the Track Operator in respect of any actions, suits, proceedings, claims, demands, losses, damages, costs, penalties, fines, whatever arising as a result, directly or indirectly, of my use or misuse of the Track or any act or omission (including negligence) on the part of the Track Operator.

Should any incident occur as a result of my participation in an Activity and/or Performance Testing whereby a successful claim is made under any insurance policy relating to the Track and an excess premium or deductible is charged by the insurer of the Track I will pay in full the excess or deductible under such insurance policy except to the extent that it is paid by a third party.

**Condition of the Track**

I acknowledge that I have thoroughly inspected the Track and found it to be in safe condition for the level of Activities and/or Performance Testing I intend to undertake. By using of the Track I indicate acceptance of the Track's condition for the Activity and/or Performance Testing I will undertake. If an act or occurrence in which I am involved or observe reduces the safety of the Track I will immediately notify the Track Operator and warn other Track users of the danger and/or increased risk.

I have read, understand, acknowledge and agree to the above warnings, exclusion of liability, indemnity and inspected the Track and accept with full knowledge the likelihood of injury and damage inherent in any testing activity.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONSENT STATEMENT FOR APPLICANTS WHO ARE MINORS**

I, .....being the parent/guardian of the above named applicant have read the whole of this document and consent to them participating in the Activity and/or Testing. In doing so I acknowledge that the Activity and/or Testing is dangerous, and agree that the Track Operator shall NOT be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by the minor or by me, howsoever such death or bodily injury, loss or damage is caused by any negligence or otherwise.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Delete whichever does not apply)

The above information is for Queensland Raceway use only. Please tick here [ ] if you do not wish to be added to our mailing list.

**YOU MUST FILL IN THE MEDICAL QUESTIONNAIRE ON THE REVERSE OF THIS PAGE**

Amt Paid \$ \_\_\_\_\_ : Cash / Chq / CC Receipt No. \_\_\_\_\_  
(Circle one)

# MEDICAL STATEMENT

Name & address of your regular doctor (please print)

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Have you ever been diagnosed as having and/or had treatment for:

A psychiatric or psychological illness?  Y  N

Persistent or severe headache, head injury, epilepsy, seizure or loss of consciousness?  Y  N

Heart or lung disease, including infection, blood vessel disease, hypertension, coronary bypass, angioplasty or other surgical procedure?  Y  N

Cancer, diabetes, kidney, liver, gastrointestinal, thyroid or blood disorders, including any associated surgical procedures?  Y  N

Significant illness, injury or surgery not already noted?  Y  N

Have you taken any medications, including self medications or alternative therapies, orally or by injection in the last five years or currently?  Y  N

Is your hearing impaired in any way?  Y  N

Do you suffer from any disorder including Tinnitus?  Y  N

If you answered "Yes" to any of the questions 2 - 10, please supply further details below (e.g. dates, treatments, duration, outcomes and continuing therapies - names of drugs & dosages): \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is your eyesight normal in both eyes for distance vision?  Y  N

If the answer is "NO", is your eyesight correctable in both eyes with spectacles or other correction?  Y  N

If the answer is still "NO", please supply further details

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If you are immunised against Tetanus please state the date of your last immunisation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When did you last have a medical examination? \_\_ / \_\_ / \_\_

Please explain the reason for the examination and the result of it

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## DECLARATION

a. I certify that the statements made regarding my psychological and physical condition, and any previous illness, are true and accurate.

b. I understand that I must not use any drug considered illegal.

c. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to a Medical Assessor in order to determine competition fitness.

**FOR FEMALE APPLICANTS:** I agree to abstain from exercising the privileges of this licence while pregnant.