

# AMA EVENT ENTRY FORM (MULTIPLE) – ACKNOWLEDGEMENT OF THE RISK OF MOTORSPORT

AUSTRALIAN MOTORCYCLIST ASSOCIATION INC, AUSTRALIAN MOTORIST ASSOCIATION INC,  
PO Box 6421, Yatala DC QLD, 4207. T: 0488 196 944, E: [events@amaclubs.com.au](mailto:events@amaclubs.com.au)

Before completing this form, please read the AMA [General Events Guideline](#). By completing this application and entry form, you are agreeing to abide by all details as stated overleaf in the [Participant Terms and Conditions](#) as well as agreeing to abide by the conditions of entry for the stated event and venue. By accepting the Terms and Condition, you also acknowledge that you have read and understood the [Acknowledgement of the Risks of Motor Vehicle Use and Medical Section](#). **A valid form of identification may be required on the day of the event as proof of identity.** I wish to apply for a One Event Membership and or Register as a Member at the event detailed below. I understand places are only available at certain events and then only on a room permitting basis, and that payment, if any must be made before any membership approval and entry is issued. A One EventMembership permits the member to participate in motor vehicle activities, but does not imply that its bearer has been tested or certified to have achieved any level of competence in the operation of his/ her motor vehicle. As an entrant and or parent(s)/ legal guardian(s) of the Minor(s), I/ We can confirm that the details listed below are all true and accurate and that I/We consent to My/ Minor's entry and participation in the Event. I/ We have read and fully understand the requirements listed in the AMA Events Guidelines, standing and supplementary regulations, rules and all details overleaf and agree to abide by them.

## ALL DETAILS TO BE COMPLETED IN BLOCK LETTERS PLEASE

Date of Event: \_\_\_\_\_ Organiser Name: \_\_\_\_\_ Event Name/ ID#: \_\_\_\_\_

<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
<i>Last Name</i>		<i>SUBURB, STATE, POST CODE</i>		<i>Emergency Contact Phone</i>	<i>Age</i>	\$	<i>Sign Parent/ Guardian (under 18)</i>
<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
<i>Last Name</i>		<i>SUBURB, STATE, POST CODE</i>		<i>Emergency Contact Phone</i>	<i>Age</i>	\$	<i>Sign Parent/ Guardian (under 18)</i>
<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
<i>Last Name</i>		<i>SUBURB, STATE, POST CODE</i>		<i>Emergency Contact Phone</i>	<i>Age</i>	\$	<i>Sign Parent/ Guardian (under 18)</i>
<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
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<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
<i>Last Name</i>		<i>SUBURB, STATE, POST CODE</i>		<i>Emergency Contact Phone</i>	<i>Age</i>	\$	<i>Sign Parent/ Guardian (under 18)</i>
<i>FIRST NAME</i>	<i>DOB</i>	<i>STREET ADDRESS</i>	<i>TELEPHONE</i>	<i>Emergency Contact Name</i>	<i>AMA Member NO</i>	<i>ID*</i>	<i>Signature Rider</i>
<i>Last Name</i>		<i>SUBURB, STATE, POST CODE</i>		<i>Emergency Contact Phone</i>	<i>Age</i>	\$	<i>Sign Parent/ Guardian (under 18)</i>

\* Please tick to indicate that the participant has shown ID to an event Official. Photo ID should be shown wherever possible, plus Medicare Card for persons under 18 years.

The [ACKNOWLEDGEMENT OF THE RISKS OF MOTOR VEHICLE USE AND MEDICAL SECTION](#), which includes the parental/ guardian agreement, must accompany this form.