



NIML ENTRY FORM PART 2 For Further Information or Explanation
Call 1-877-332-2413 OR 1-709-682-7900

Driver / Co-Driver / Navigator (select one)

First Name:		Last Name:	
Contact Information:			
Address:			Suite/Apt:
City:	Prov/State	Country:	Post/Zip:
Office:	Home:	Cell:	Fax:
Email:		Date of Birth:	/ /
Previous Competitor:	No	Yes	State Year(s):
Jacket Size:	S	M	L XL 2XL 3XL
Competition Experience:			
None	No. Years:	Most recent competition year:	Set out experience on attached sheet
Performance Driving Schools Attended:			
None	Name:	Year Completed:	
Civil Drivers License:			
Civil Drivers License Number:		Date of Issue:	Date of Expiry: / /
Stated Restrictions:		State/Prov:	
Country:		International:	
Competition License:			
None	FIA	CARS	SCCA NASA
Other, Specify:			
Level:	Club	Regional	National International
Years Held:	Expiry:	/ /	Competition License #
First Aid			
Targa:	St. John Ambulance	Red Cross	Other(specify):
None	Level:	Expiry:	/ /
Next of Kin			
Name:	Phone #:	Relationship:	

The Driver, by executing this agreement, agrees to participate in the event at his/her own risk. The entrant further agrees that he/she, the competitors, and all crewmembers shall execute a release agreement prior to their admission to the event.

Driver Sign: _____

Date: _____

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Driver / Co-Driver / Navigator (select one)													
First Name:							Last Name:						
Contact Information:													
Address:						Suite/Apt:							
City:			Prov/State			Country:			Post/Zip:				
Office:			Home:			Cell:			Fax:				
Email:						Date of Birth:			/ /				
Previous Competitor:			No		Yes		State year(s):						
Jacket Size:			S		M		L		XL		2XL 3XL		
Competition Experience:													
None		No. Years:		Most recent competition year:				Set out experience on attached sheet					
Performance Driving Schools Attended:													
None		Name:						Year Completed:					
Civil Drivers License:													
Civil Drivers License Number:								Date of Issue:		Date of Expiry:		/ /	
Stated Restrictions:								State/Prov:					
Country:								International:					
Competition License:													
None		FIA		CARS		SCCA			NASA				
Other, Specify:													
Level:		Club			Regional			National			International		
Years Held:			Expiry:			/ /			Competition License #				
First Aid													
Accreditation:		St. John Ambulance			Red Cross			Other(specify):					
None		Level:				Expiry:		/ /					
Next of Kin													
Name:						Phone #:					Relationship:		

Statement:

The co-driver/navigator, by executing this agreement, agrees to participate in the event at his/her own risk. The entrant further agrees that he/she, the competitors, the crewmembers shall execute a release agreement prior to their admission to the event.

Co-Driver /Sign: _____

Date: _____



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CODE OF COMPETITION CONDUCT

Driver must sign this form

This Code of Competition Conduct must be executed by each competitor. It is a formal agreement between the competitor and Newfoundland International Motorsports Limited operating as Targa Newfoundland. It will remain in full force and effect during the course of the event and will govern my conduct at all times.

Between: **NEWFOUNDLAND INTERNATIONAL MOTORSPORTS LIMITED (Organizer)**

And (Print): _____ (The Competitor)

By my signature to this document, I signify that I fully recognize that motorsport is dangerous and entails certain inherent risks and that I am in a competition on closed public roads on which events may occur that are beyond the control of the organizers.

I further agree and coven, that as a condition of my being given the privilege of being accepted as a competitor in this event that I will protect the safety of, the residents of the communities and the public who attend the event, the volunteers and officials who operate the event, the participants and crews who compete in the event and the properties through which the event runs.

I also agree that:

1. I will put the safety of others, particularly the general public, before my goals in the competition.
2. I will be bound by this Code of Competition Conduct, the General Competition Rules governing the sport and the Rules and Regulations governing Targa Newfoundland.
3. During the event, I will not conduct myself or my vehicle in a reckless or imprudent manner that may create a dangerous situation for myself or others and therefore agree to conduct myself in a safe and prudent manner.
4. I will not knowingly place myself or others, be they competitors or not, in a position of undue risk, nor will I, by my actions, place my fellow competitors in a position of risk or a position where they will place others at risk. I further understand that I must report any and all incidents that I observe having occurred on stage to an event official at the earliest opportunity.
5. Regardless of the circumstances, I will afford the officials, volunteers and my fellow competitors, in the event and the general public who are affected by the event the consideration and politeness which they are due.
6. I will be bound by and obey the laws of the Province of Newfoundland and Labrador, its Highway Traffic Act, and the Regulations that are appended to that act.
7. I will commit that my vehicle is prepared to the regulations of the event and the class that I have registered it for and that it is presented in a safe and roadworthy condition for competition.
8. I will recognize and respect the fact that I have the same rights to compete as other competitors and other competitors have the same rights as I.

Signed for: Newfoundland International Motorsports Limited

By: _____

Name (Print): _____

Signature: _____

Dated: _____





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MEDICAL FITNESS AFFIDAVIT

Driver must sign this form

Please execute the applicable section by striking out the inapplicable section

1. By my signature to this section of this document I attest that I believe myself to be mentally and physically fit to compete in Targa Newfoundland. I **HAVE**___ / **HAVE NOT**___ attached a physician’s medical to this affidavit.

I understand and acknowledge that the event is a demanding motorsport competition and that as a competitor I will be subjected to both mental and physical stress levels that are above normal due to conditions that will include, but are not limited to, long days, extremes of physical forces, noise, heat and emotional strain.

I undertake that if, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

Having read and understood the above conditions I hereby attest that I that I am mentally and physically fit to take part in this competition.

2. I disclose that:

- I have a medical condition (set out on the reverse of this document) that the Event Doctor should be aware of.
- I agree to allow the Event Doctor unrestricted access my medical files, if required, to aid in making a determination as to my fitness to compete and the terms and conditions under which I will be allowed to compete. **IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL**_____
- I have listed all medications that I currently take and agree to provide any background information to the Event Doctor to aid in his/her complete understanding of such medications and their implications on my fitness to compete. **IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL**_____
- **I acknowledge that the Event Doctor is the final authority in these matters.**

I understand and acknowledge that the event is a demanding motorsport competition and that as a competitor I will be subjected to both mental and physical stress levels that are above normal due to conditions that will include, but are not limited to, long days, extremes of physical forces, noise, heat and emotional strain.

I undertake that: If, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

I am prepared to meet with the Event Doctor regarding this condition and agree to abide by his/her decision as to whether or not I should compete. I further agree that as a condition of my acceptance as a competitor I will comply with any terms set out by the event medical officer.

Name (print): _____ (Signature): _____

Witness (print): _____ (Signature): _____

Date: _____

Event Medical Officer Terms of Acceptance (please mark as Applicable / Not applicable)

By my initial in the appropriate place below and my signature to this document I hereby attest that I have met with the competitor named in this document and his crew and have decided that his condition **WILL NOT** ___/ **WILL** ___prevent him from entering this event. The terms and or conditions of his acceptance are set out below.

Date: _____ Name (print): _____ (Signature): _____





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CODE OF COMPETITION CONDUCT

Co-Driver must sign this form

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AGREEMENT

Between: NEWFOUNDLAND INTERNATIONAL MOTORSPORTS LIMITED (Organizer)

And (Print): _____ (The Competitor)

By my signature to this document, I signify that I fully recognize that motorsport is dangerous and entails certain inherent risks and that I am in a competition on closed public roads on which events may occur that are beyond the control of the organizers.

I further agree and coven, that as a condition of my being given the privilege of being accepted as a competitor in this event that I will protect the safety of, the residents of the communities and the public who attend the event, the volunteers and officials who operate the event, the participants and crews who compete in the event and the properties through which the event runs.

I also agree that:

1. I will put the safety of others, particularly the general public, before my goals in the competition.
2. I will be bound by this Code of Competition Conduct, the General Competition Rules governing the sport and the Rules and Regulations governing Targa Newfoundland.
3. During the event, I will not conduct myself or my vehicle in a reckless or imprudent manner that may create a dangerous situation for myself or others and therefore agree to conduct myself in a safe and prudent manner.
4. I will not knowingly place myself or others, be they competitors or not, in a position of undue risk, nor will I, by my actions, place my fellow competitors in a position of risk or a position where they will place others at risk. I further understand that I must report any and all incidents that I observe having occurred on stage to an event official at the earliest opportunity.
5. Regardless of the circumstances, I will afford the officials, volunteers and my fellow competitors, in the event and the general public who are affected by the event the consideration and politeness which they are due.
6. I will be bound by and obey the laws of the Province of Newfoundland and Labrador, its Highway Traffic Act, and the Regulations that are appended to that act.
7. I will commit that my vehicle is prepared to the regulations of the event and the class that I have registered it for and that it is presented in a safe and roadworthy condition for competition.
8. I will recognize and respect the fact that I have the same rights to compete as other competitors and other competitors have the same rights as I.

Signed for: Newfoundland International Motorsports Limited

By: _____

Signed by: The Competitor

Name (Print): _____

Signature: _____

Dated: _____





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MEDICAL FITNESS AFFIDAVIT

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I undertake that if, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

Having read and understood the above conditions I hereby attest that I that I am mentally and physically fit to take part in this competition.

2. I disclose that:

- I have a medical condition (set out on the reverse of this document) that the Event Doctor should be aware of.
- I agree to allow the Event Doctor unrestricted access my medical files, if required, to aid in making a determination as to my fitness to compete and the terms and conditions under which I will be allowed to compete. **IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL** _____
- I have listed all medications that I currently take and agree to provide any background information to the Event Doctor to aid in his/her complete understanding of such medications and their implications on my fitness to compete. **IF NOT APPLICABLE STRIKE OUT CLAUSE AND INITIAL** _____
- **I acknowledge that the Event Doctor is the final authority in these matters.**

I understand and acknowledge that the event is a demanding motorsport competition and that as a competitor I will be subjected to both mental and physical stress levels that are above normal due to conditions that will include, but are not limited to, long days, extremes of physical forces, noise, heat and emotional strain.

I undertake that: If, at any time prior to or during the event, I have any reason to question the physical or mental fitness of myself or my teammate, I will seek qualified medical advice and/or withdraw ourselves from the competition in order not to place ourselves or others in a position of undue risk.

I am prepared to meet with the Event Doctor regarding this condition and agree to abide by his/her decision as to whether or not I should compete. I further agree that as a condition of my acceptance as a competitor I will comply with any terms set out by the event medical officer.

Name (print): _____ (Signature): _____

Witness (print): _____ (Signature): _____

Date: _____

Event Medical Officer Terms of Acceptance (please mark as Applicable / Not applicable)

By my initial in the appropriate place below and my signature to this document I hereby attest that I have met with the competitor named in this document and his crew and have decided that his condition **WILL NOT** ___ / **WILL** ___ prevent him from entering this event. The terms and or conditions of his acceptance are set out below.

Date: _____ Name (print): _____ (Signature): _____





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All teams who are planning on bringing any support crew and/or support vehicle(s) must fill out this form.

Targa Newfoundland provides storage for any trailers that teams wish to leave in St. John's during the event. Indicate your need for storage of any trailer you may be bringing.

One set of Competitor Support decals are given to each team that has a support vehicle. If additional decals are required, please inform the office prior to the event. Cannot guarantee availability if brought to our attention at Registration.

a. SUPPORT CREW MEMBERS and contact number during competition (2 crew members per competition vehicle)		
Name:		Contact No:
Name:		Contact No:
Additional Crew Members		
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
Name:		Contact No:
b. SUPPORT VEHICLE DETAILS		
Year:	Make:	Model:
Colour:	License Plate #:	Province/ State:
c. TRAILER INFORMATION		
Length(in feet):	Open	Enclosed
Storage Required		Travelling with the team

To submit your entry form to Newfoundland International Motorsports Limited you have the following options:

Email: rgiannou@targanewfoundland.com

Courier:
 Targa Newfoundland
 15 Lawton Crescent, Suite A
 St. John's, NL, Canada
 A1A 4T6