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| *Macintosh HD:Users:Anders:Pictures:FIM & UEM:UEM logo:FIM-Europe Logo small.png* | | FIM EUROPE ENTRY FORM | | | | | | | |
| ***Please complete this entry form ELECTRONICALLY, and then send it to your federation for approval***  ***Important Note: this entry form is valid from the first round of a championship event through to the Final meeting any of the FIME European Track Racing series identified below EXCEPT for SEC Finals, where a separate entry form will be required.*** | | | | | | | | | |
| Discipline  *(please tick)* | | |  | | European Pairs Speedway Championship | | | | |
|  | | European Under 19 Pairs Speedway Championship | | | | |
|  | | European Under 23 Team Speedway Championship | | | | |
|  | | European 250cc Pairs Speedway Championship | | | | |
|  | | European Team Speedway Championship` | | | | |
| IMN: | | | Event Title:Click in grey box and type | | | | | Date: dd/mm/yyyy | |
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| **Pairs/Team Information** | | | | | | | | | |
| Team: |  | | | Country**:** | |  | FMN: | |  |
| Team Manager: |  | | | Name**:** | |  | Licence No: | |  |

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| **Rider Information** | | | | | | | | | | |
| Rider No. | Surname (family name): | | First name: | Date of birth: | | Email address: | | Mobile no: | FMN | FIME licence no |
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| **In the following text ‘he’ is referred to in a non sexist way and should be interupted as he/she or him/her**  As a member of     (insert your federation/FMN) and/or a participant in an event authorised or recognised by FIM, CONU or FMN, I hereby declare as follows:   1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of FIM Anti-Doping rules (as amended from time to time) and the international standards issued by the world anti-doping agency and published on its website. 2. I acknowledge the authority of FIM/FIME (and its member FMNs and/or national anti-doping organisations) under the FIM anti-doping rules to enforce, to manage results under, and to impose sanctions in accordance with, the FIM anti-doping rules. 3. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM anti-doping rules, after exhaustion of the process expressly provided for in the FIM anti-doping rules, may be appealed exclusively as provided in article 13 of the FIM Anti-Doping rules to an appellate body for final and binding arbitration, which in the case of international-level riders is the court of arbitration for sport (CAS). 4. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal. 5. I have read and understand the present declaration. | | | | | | | | | | |
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| **FMN Bank Details *(if applicable)*** | | | | | | | | | | |
| FMN bank account name: | |  | | | Name of bank: | |  | | | |
| Bank (branch) address: | |  | | | City: | |  | | | |
| Post code: | |  | | | Country: | |  | | | |
| Swift/BIC referance: | |  | | | IBAN code: | |  | | | |
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| **Declaration of Undertaking** | | | | | | | | | | |
| The undersigned participant hereby confirms that he requests to be entered for the above-mentioned event. This contractual commitment is final and irrevocable. The participant is aware and accepts that the event may be cancelled, moved to another place or replaced by another event without this giving rise to any indemnity whatsoever (i.e. any such decision(s) will not give rise under any circumstances to any claim against the FIME from the participant).  By signing this entry form, the participant attests to the accuracy of the information provided. He confirms that he is cognisant with and accepts the FIME Sporting Code, the FIM Anti-Doping Code, the FIM Environmental Code, the FIME Disciplinary and Arbitration Code and the FIME Track Racing Rules currently in force. These documents are available at [www.fim-moto.com](http://www.fim-moto.com) and [www.fim-europe.com](http://www.fim-europe.com) respectively  Any change to the above documents made according to the prescribed procedures is deemed to be accepted by the participant.  By signing this entry form, the participant confirms that he is cognisant with and accepts the FIME Statutes in force and the relevant FIME regulations and codes (including but not limited to the FIM Code of Ethics). These texts are available at [www.fim-moto.com](http://www.fim-moto.com) and [www.fim-europe.com](http://www.fim-europe.com) . Any change to the above documents made according to the prescribed procedures is deemed to be accepted by the participant. Furthermore, he undertakes to comply fully with the instructions and directives of the FIME, the organisers and the officials.  He also attests that he is cognisant with the FIM Anti-Doping Code currently in force and agrees to submit to it unreservedly. The current list of prohibited substances is available at [www.wada-ama.org](http://www.wada-ama.org) and in the FIM Anti-Doping Code at [www.fim-moto.com](http://www.fim-moto.com) .  He accepts and is fully aware that any necessary information concerning any injury and/or any medical or health status relating to him can be given by the attending Doctor to the medical representatives having responsibility for the event (Chief Medical Officer and/or Clerk of the Course and/or Race Director) and to his Doctor and relatives.  The undersigned participant also undertakes to ensure that he does not at any time cause any prejudice to the FIME or its reputation by his conduct or any public statement he may make. He acknowledges and agrees that any action or misconduct on his part on or outside the “field of play” prejudicial to the interests of the FIME or of motorcycle sport (including but not limited to violent or dishonest conduct, racist, threatening, abusive, indecent or insulting words or behaviour), or non-compliance with the instructions and directives of the FIME, the Organisers and/or the Officials may be sanctioned by the appropriate FIME body.  He accepts and is fully aware that the Court of Arbitration for Sport in Lausanne, Switzerland has exclusive jurisdiction to receive any appeal against final decisions handed down by the FIME’s jurisdictional bodies or the FIME’s General Assembly. The dispute will be resolved definitively in accordance with the code of sports-related arbitration. | | | | | | | | | | |

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| **Liability (Article 60.6 of the FIME Sporting Code)** | | | | | | | | |
| As a participant in an event, the undersigned exonerates the FIME, the FMNR, the CONUs, the FIME promoters, the Organisers and the Officials, their Employees and Officers, Agents and other participants (e.g. rider and/or team), from any and all liability for any loss, damage or injury which he may incur in the course of participating in a FIME championship or prize event or an international event including any practice sessions for that event, save where article 110.3 of the FIME Sporting Code applies.  Furthermore, the participant undertakes to indemnify and hold harmless the FIME, the FMNR, the CONUs, the FIME promoters, the organisers and officials, the employees, officers and agents, from and against all liability to third parties for any loss, damage or injury for which he is liable | | | | | | | | |
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| **Responsibility** | | | | | | | | |
| By signing this entry form, the undersigned participant acknowledges and agrees that he takes part in the event(s) referred to this entry form at his own risk and own liability for all damages, loss, damage or injury caused by him or by his motorcycle arising from his participation in the event(s). | | | | | | | | |
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| **Important** | | | | | | | | |
| By signing the entry form, the FMN of the rider confirms that the rider is insured for the minimum compulsory insurance coverage, for personal accidents covering death, permanent disability, medical treatment and repatriation, in accordance with the FIME codes (FIME Sporting Code art. 110.2). Each rider is solely responsible for determining and taking out all the appropriate/necessary insurance he may require in relation with his participation to the event(s) (i.e. general liability insurance to adequately cover the risk of any loss, cost, liability or damages arising out of or in connection with his participation at the event(s) and, such other insurance, e.g. health/accident/travel, as a reasonable and prudent party in his position would normally put in place).The undersigned participant undertakes to communicate to the FIME, any change to the information given on the current form (entries, personal data, etc.). Any dispute arising from or in connection with this entry form (including its validity or interpretation), shall be governed by and interpreted exclusively in accordance with Swiss law without regard to choose of law principles and shall be submitted exclusively to the Court of Arbitration for Sport in Lausanne, Switzerland, and resolved definitively in accordance with the Code of Sports-related Arbitration. | | | | | | | | |
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| **Riders Signatures and FMN Approval** | | | | | | | | |
| **Rider #1** Surname: | |  | First name: | |  | | Signature: |  |
| In case of minors:  *Please tick where relevant:* 🞎 Father 🞎 Mother 🞎 Other (please state): | | | | | | | Signature |  |
| **Rider #2** Surname: | |  | First name: | |  | | Date of birth: |  |
| In case of minors:  *Please tick where relevant:* 🞎 Father 🞎 Mother 🞎 Other (please state): | | | | | | | Signature |  |
| **Rider #3** Surname: | |  | First name: | |  | | Date of birth: |  |
| In case of minors:  *Please tick where relevant:* 🞎 Father 🞎 Mother 🞎 Other (please state): | | | | | | | Signature |  |
| **Rider #4** Surname: | |  | First name: | |  | | Date of birth: |  |
| In case of minors:  *Please tick where relevant:* 🞎 Father 🞎 Mother 🞎 Other (please state): | | | | | | | Signature |  |
| **Rider #5** Surname: | |  | First name: | |  | | Date of birth: |  |
| In case of minors:  *Please tick where relevant:* 🞎 Father 🞎 Mother 🞎 Other (please state): | | | | | | | Signature |  |
|  | | | | | | | | |
| **Official stamp AND signature of riders FMN:**  Signature: .........................................................................  Name (please print):  I confirm that ALL the riders are insured in accordance with the FIM /FIME code  **STARTING PERMISSION IS GRANTED** | | | |  | |
| Date: |  | | |

**Amended: 12.02.2023**

**IMPORTANT**