## Superbike School Ltd

## **INDEMNITY FORM**

First Name	Surname:	
Address:-		
Postcode:-	Tel no.:-	Date of Birth:- / /
E mail Address:-		
Person to contact in case of	of an emergency	
Name:	Relation	ship:
DAYTIME telephone no.:-		
School Ltd on (date)		bike School or another event run by Superbike(hereby known as the off track activities.
I confirm that I am familiar	with motorcycle activities and ackn	nowledge the risks which are inherent therein.
that I am not suffering from	any medical condition or disability	the standard required for a road/riding test and which is likely to adversely affect my normal articipate in track and off-track activities.
to whether to ride or discon	tinue to ride on or off track. I unde	my fitness to participate in any activity and as erstand that Superbike School Ltd reserve the to be dangerous or detrimental to other
-		be solely at my own risk and that Superbike connection with the Event howsoever caused.
personal use and not to be co- consent from Superbike Scho	pied or used for commercial gain in p	es taught to me at the Event are for my own part or in whole without express, written legal rever taught in the world, I agree that any breaches
I hereby declare that I will no other than my personal gain.	ot use the California Superbike Scho	ool material or technology for anything
The material taught at CSS is not to use it to teach at any o	s trademarked and I ther School in India or elsewhere.	agree
Signed:	D	ated:/
From time to time our sponsons box if you DO NOT wish to		special offers for their products. Please tick the

Signature of parent / Guardian if who are under the age of 21