ENTRY FORM
FIM MINI GP ALPE ADRIA SERIES 2023

***PROMOTER*:** ALPE ADRIA MOTORCYCLE UNION
VIA GERARDO DOTTORE 85,
PERUGIA (ITALY)

RIDER:

NAME: .....

ADDRESS: .....

.....

.....

FMN: .....

NATIONALITY: .....

DATE OF BIRTH: ..... *LICENSE No.:*.....

TEL. /MOBILE: .....

E-MAIL: .....

STARTING NUMBER ……/……/……
(Provide at Lease 3 options)

TEAM:

NAME: .....

MOTORCYCLE:

CLASS: .....

BRAND: .....

TYRE:

BRAND: .....*PIRELLI*.....

This document must be sent filled in including payment receipt and copy of ID to: office@alpeadriamotorcycleunion.com

PARTICIPANTS RESPONSABILITY ET LIABILITY

a) Responsability

The participants (entrants, drivers, passengers, owners and owner-drivers of vehicles) take part in the event at their own risk. They bear the sole responsability regarding civil and penal codes for damages caused by them or the vehicle in their use of so far as no liability exemption has been stipulated in compliance with the supplementary regulations of the meeting. If the driver, himself, is neither the owner nor the owner-driver of the vehicle used by him during the competition, he releases those persons listed in the following liability waiver from all claims by the owner and the owner-driver of the vehicle or submits, together with the entry form, a corresponding waiver from the owner or the owner-driver of the vehicle.

b) Liability Waiver

By submitting the entry form, the participants (entrants, drivers, passengers, owners and owner-drivers of vehicles) waive all rights to legal action and recourse for any accident or damage incurred in conjuction with the event against:

- *the FIM-Europe, the AAMU, the FMNR, their presidents, members, employes and officials;*
- *member-club of the FMNR and their sub-organization;*
- *organizer/promoter, his/their representatives, stewards and assistants;*
- *the owner(s) of the property used for the event including structures and installations on it, the administration of the circuit used for the event, its representatives and assistants;*
- *the participants and their attendants as well as against his/their own assistants in so far as a race or special tests for attaining high-speeds or best times are concerned;*
- *authorities, race services and any other organization or corporate or natural bodies involved in the organization of the event, in so far as the accident or damage did not occur through intent or gross negligence.*

This agreement will take effect for all parties involved with the submission of the entry form to the organizer.

The undersigned recognizes the above restrictions and commits himself to comply strictly with them, if an injury occurs or is noticed during the event of if the rider's health has been affected such that his fitness for continuing in the motorcycling competition has been put in question , the undersigned – with regard to the security risk also resulting for third parties – releases the doctors for their obligation to professional secrecy towards the FMNR and towards the officials carrying responsability at the event (Doctor of the Event, Clerk of the Course, Sporting Stewards) respectively.

FOR APPROVAL AND ACCEPTANCE.

Place, Date .....

Rider's signature .....

in case of minors ..... ☐father ☐mother ☐other:
signature of a legal guardian

TREATMENT OF PERSONAL DATA.

Pursuant to article 13 of Legislative Decree 196/03 and Regulation (EU) 2016/679 Alpe Adria Motorcycle Union, joint data controller, informs that the data are collected for the purpose of participation in the Alpe Adria International Championship: for commercial purposes and marketing, and will be handled using manual, IT and / or telematic methods. The provision of data is optional but necessary for the evaluation of the application and for participation in the Trophy. The data will be processed by Alpe Adria Motorcycle Union. The interested party may contact Alpe Adria Motorcycle Union to find out the data and have it integrated, modified or deleted for violation of the law, or oppose its processing (or to exercise the other rights provided for by the Code).

FOR APPROVAL AND ACCEPTANCE.

Place, Date .....

Rider's signature .....

In case of minors ..... ☐father ☐mother ☐other:
signature of a legal guardian

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AUTHORIZATION USE IMAGE FOR INSTITUTIONAL PURPOSES

I SUBMITTED _____ *BORN AT* _____

DATE _____ *RESIDENT IN* _____ *ADDRESS* _____

DECLARE

TO AUTHORIZE THE ALPE ADRIA MOTORCYCLE UNION TO USE MY NAME AND MY IMAGE FOR ALL THE PROMO-ADVERTISING ACTIVITIES OF AN INSTITUTIONAL CHARACTER FROM THE SAME ORGANIZED, EVEN IF IN COLLABORATION WITH TELEVISION AND RADIO-TELEVISION EMITTENS, CONSISTING IN THE USE OF MY NAME AND / OR MY PORTRAIT FOR THE REALIZATION OF:

- *Press Campaign, daily and periodic tests; -Affisional Campaign; - Video Clip to be used on TV, Terrestrial, Satellite and cable networks, free to payment and on the internet; - And not to have anything to require for this type of use for any title or reason.*

FOR IMAGES FOR THE PURPOSES OF THIS AUTHORIZATION IT MUST INTEND EVERY ELEMEN T AND CHARACTERISTIC, WHICH, HOWEVER, MAY BE ACCORDING TO THE CONTENT OF THE REGULATORY FORECAST OF THE ART. 6-10 C.C. AND AS TO THE ARTT. 96 AND 97 OF L. 22 APRIL 1941 N ° 633 WITH PARTICULAR REGARD TO:

- *The Image or the Prortrait; - The name intended as first name, familiy name, the pseudonimus and nick name, except for eveery use of such nick names in the function of brand on products or services; the signature or initials; - The voice; - The intrinsic quality of public person or opionion leader; - The qualities and the values addressable to the sport career;*

FOR APPROVAL AND ACCEPTANCE.

Place, Date .....

Rider's signature .....

In case of minors ..... ☐*father* ☐*mother* ☐*other:*
signature of a legal guardian

PAYMENT € 915,00 (VAT Included)

The payment includes all 5 event scheduled as per calendar attached and must be regulated in a single solution.

BANK DETAILS:

ALPE ADRIA MOTORCYCLE UNION
BANCA INTESA SAN PAOLO
IBAN: IT07N0306909606100000173811
BIC: BCITITMM

If the rider has a team, a Moto Club or one of his companies, to which he wishes the invoices or payment receipts to be sent, he must fill in the following data, otherwise the receipt will be made out to the above data.

Send the receipt to:

COMPANY _____

TAX CODE _____

VAT number _____

Address _____ *Nr.* _____

Postcode _____ *City* _____

Country _____

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Calendar Season 2023

Round	Date		Venue	Nation	FMN	Lenght
1-2	26/05/2023	28/05/2023	Slovakia Ring	Slovakia	SMF	1172
3-4	16/06/2023	18/06/2023	Cheb	Czech Republic	ACCR	1202
5-6	30/06/2023	02/07/2023	Kecskemet	Hungary	MAMS	1070
7-8	18/08/2023	20/08/2023	Trinec	Czech Republic	ACCR	1234
9-10	25/08/2023	27/08/2023	Vransko	Slovenia	AMZS	1050

WORLD FINAL - BIKE DESIGNS

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