



**Motorcycling Western Australia**  
 PO Box 475, Maylands, WA, 6931  
 Tel: 08 9371 5333 Fax: 08 9371 5311



## Level 2 or 3 Officials Re-accreditation Application

Refer to the MWA Website > Officials > Re-accreditation conditions

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Expiry of Accreditation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Official's Licence Number: \_\_\_\_\_

Please tick the Official Accreditation that you have the proof of participation to renew:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Steward         | <input type="checkbox"/> Scrutineer | <input type="checkbox"/> Starter               |
| <input type="checkbox"/> Referee         | <input type="checkbox"/> Marshal    | <input type="checkbox"/> Measurer              |
| <input type="checkbox"/> Clerk of Course | <input type="checkbox"/> Timekeeper | <input type="checkbox"/> Sound Control Officer |
| <input type="checkbox"/> Race Secretary  | <input type="checkbox"/> Judge      |  |

**Declaration:**

*I confirm that I have read and understood the re-accreditation conditions as posted on the MWA website and the details contained in this application are true and accurate to the best of my knowledge.  
 I undertake, if registered and reaccredited, to submit and be bound by the General Competition Rules of Motorcycling Australia and any regulations, supplementary regulations, or final instructions as may from time to time be imposed or approved by Motorcycling Australia or Relevant Controlling Body.*

**I have:**

- Completed and signed the attached Indemnity Form, **AND**
- Completed the attached activity table (page 3) showing proof of being involved in 6 events over the past 4 years (min of 1 event per year), where I have acted in the specific role required for accreditation at the appropriate level or higher events
- OR**
- attached a photocopy of my Participation Journal showing proof of being involved in 6 events over the past 4 years (min of 1 event per year), where I have acted in the specific role required for accreditation at the appropriate level or higher events
- OR**
- attached my original Participation Journal showing proof of being involved in 6 events over the past 4 years (min of 1 event per year), where I have acted in the specific role required for accreditation at the appropriate level or higher events (This will be returned).

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This licence includes Capital Benefits insurance which incorporates a weekly benefit for loss of earnings if you are injured during the course of your duties at a "Permitted Event" conducted within Australia. The policy does not cover medical or ambulance expenses. **Please ensure you understand, complete and sign the Indemnity overleaf.**

# MOTORCYCLING WESTERN AUSTRALIA INDEMNITY FORM

**WARNING! THIS IS AN IMPORTANT DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED THAT YOU UNDERSTAND IT. THIS IS A CONTRACT TO PARTICIPATE IN A MA OR MWA EVENT AND / OR ACTIVITY.**

PLEASE PRINT

1) \_\_\_\_\_ (OFFICIAL)

HEREBY AGREE: with the person, organisations and bodies corporate whose names appear in schedule 1 (hereinafter collectively called 'the organiser') that I am by this agreement entitled to participate in the items and conditions set out in this document, the Championship Regulations and the Supplementary Regulations.

**2) ACKNOWLEDGEMENT OF THE RISKS, DANGERS AND OBLIGATION.**

**I ACKNOWLEDGE** that motorcycle sport is dangerous and that by engaging in the sport and participation in the meeting I take, and am exposed to certain risks and dangers and am under certain obligations as follows:

- (a) That I may be injured, physically or mentally and may be killed.
- (b) That my machinery or equipment may be damaged, lost or destroyed.
- (c) That other competitors may ride dangerously or with lack of skill.
- (d) That track or event conditions may be hazardous and may vary without warning or predictability.
- (e) That organisers, officials, land owners and any agents or representatives of those in charge of the meeting are frequently obliged to make decisions under pressure of time and/of events.
- (f) That any policies of insurance of or in respect of my life or physical or mental health may be voided.
- (g) That there may be no or inadequate facilities for treatment or transport of me if I am injured.
- (h) That I have an obligation to myself and to others to compete safely and within the rules of competition.

**3) INDEMNITY GIVEN TO ORGANISERS.**

**IN CONSIDERATION** OF THE ACCEPTANCE OF MY APPLICATION FOR A LICENCE, I IRREVOCABLY AGREE TO INDEMNIFY the organisers and each of them in the following manner:

- (a) That I participate in the meeting at my sole risk and responsibility.
- (b) That I accept the venue as it stands with all or any defects hidden or exposed.
- (c) That I indemnify and hold harmless the organisers, their respective servants, agents or officials against any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of my death or injury, loss or damage caused to me or to my machinery or equipment whether caused by negligence, breach of contract or in any other manner whatsoever.

**SCHEDULE 1.**

- 1. Federation Internationale Motorcycliste.
- 2. Motorcycling Australia Limited.
- 3. Motorcycling Western Australia (Inc).

**I HAVE READ THE MOTORCYCLING AUSTRALIA MANUAL OF MOTORCYCLE SPORT, ANY SUPPLEMENTARY REGULATIONS AND INDEMNITY FORMS, AND AGREE TO BE BOUND BY THEM INCLUDING THAT I / WE INDEMNIFY ALL THOSE MENTIONED IN SCHEDULE 1. THIS DOCUMENT IS TO BIND MY GUARDIANS, ATTORNEYS, SUCCESSORS AND EXECUTORS.**

OFFICIAL'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office use only.

Date Received :	Sufficient evidence supplied?	YES	NO	
Licence Number:				
Current Accreditation Level				
Authorised by				
Accreditation Level Awarded	L1	L2	L3	L4
Expiry Date .....				



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**ATTACH A COPY OF YOUR PARTICIPATION JOURNAL**

For renewal of your Officials licence please attach photocopies of the relevant entries from your participation journal here. You will need to show proof of having been involved in 6 events over the past 4 years (minimum of 1 event per year), where you have acted in the specific role required for accreditation at the appropriate level or higher events.

**OR**

**PLEASE COMPLETE THE TABLE BELOW IF YOU DO NOT HAVE A PARTICIPATION MANUAL**

You will need to show evidence on the table below of having been involved in 6 events over the past 4 years (minimum of 1 event per year), where you have acted in the specific role required for re-accreditation at the appropriate level or higher events.

DATE OF EVENT	NAME OF EVENT	YOUR OFFICIAL ROLE AT EVENT	EVENT TYPE CLUB, INTER CLUB, OPEN, NATIONAL	DISCIPLINE AT EVENT	NAME OF KEY OFFICIAL AT EVENT	LICENCE NO. OF KEY OFFICIAL AT EVENT
1						
2						
3						
4						
5						
6						

Please submit ALL documents to Motorcycling WA – PO Box 475, Maylands WA 6931