



DRIVER REGISTRATION

PROPOSED ATTENDANCE DATE: _____

PARTICIPANTS NAME: _____ DATE OF BIRTH: _____ / _____ / _____

CAR CLUB: _____ POSTAL ADDRESS: _____

E-MAIL ADDRESS: _____ CONTACT PHONE #: _____

DRIVER'S LICENCE NUMBER: _____ TYPE: PROVISIONAL OPEN

EMERGENCY CONTACT: _____ PHONE #: _____

VEHICLE DETAILS:

Make:	Model:	
Year:	Colour:	Rego #
What is the tyre pressure recommended on the tyre placard sticker (or owner's manual)?		
Front Tyres (psi):	Rear Tyres (psi):	

I WISH TO HIRE SDT'S TRAINING CARS FOR A ½ DAY SESSION

OPTIONAL SAFETY ITEMS AVAILABLE TO PURCHASE



Disposable Alcohol Detector: This 0.05 BAC alcohol tester allows you to test your breath-alcohol level before driving your car. No batteries are required, store in your glovebox. **PRICE: \$5.50 each**

PAYMENT DUE: \$_____ **Helmet hire must be paid and arranged in advance**

I WISH TO HIRE A HELMET FOR THE SESSION (\$22 per person)

TERMS: Full payment must be received in advance to book and confirm your position. In the event of a cancellation by the participant 5 days or less before the event – you forfeit all fees unless a replacement driver can be found.

DIRECT BANK DEPOSIT Account Name: SAFE DRIVE TRAINING (AUST) PTY LTD
BSB Number: 124 026 Account Number: 11 087 048 Bank: BANK OF QUEENSLAND Branch: DAISY HILL

CHEQUE ENCLOSED: \$_____ (CHEQUE PAYABLE TO **SAFE DRIVE TRAINING**)

CREDIT CARD PAYMENTS: Mastercard Visa CCV (security number) _____

Card Number

Expiry ____/____ Cardholder's Name _____ Signature _____



Find us on:



SAFE DRIVE TRAINING Pty Ltd

Phone: (07) 3299 7723 - Fax: (07) 3299 7528
Email: info@sdt.com.au - Website: www.sdt.com.au
Post: PO Box 682, Waterford, QLD, 4133



Release and Indemnity

I (your full name) _____ of (your address) _____

of my own free will have read and understand this document and I will complete and sign this document as part of my enrolment in the Safe Drive Training program, course or event ("THE ACTIVITY") as a participant.

PART 1: TO "THE ORGANISER": **SAFE DRIVE TRAINING (AUST) PTY LTD**
Unit 18, 33-43 Meakin Road, Meadowbrook Queensland, 4131

IN CONSIDERATION OF "THE ORGANISER" AGREEING TO PROVIDE ME WITH PRACTICAL INSTRUCTION IN THE TECHNIQUES OF DEFENSIVE, ADVANCED, PERFORMANCE, 4WD, DRIFT, MOTORSPORT OR MOTORING EVENT DRIVING THROUGH BY LIMITED TO MY ENROLMENT IN ANY OF THE FOLLOWING PROGRAMS: SAFE DRIVE TEST DRIVE (DEFENSIVE), 4WD HIGH RANGE COURSE, 4WD LOW RANGE COURSE, FAST CAR HOT LAPS, CORPORATE RIDE AND DRIVE DAY, S1 ADVANCED ACCIDENT AVOIDANCE, S2 SKID PAN EXPERIENCE, S1/S2 ADVANCED CAR CONTROL, PERFORMANCE DRIVING DAY, TRACK-TIME, PHYSICS IN MOTION DRIFT SCHOOL, DRIFT EXPRESSION SESSIONS, CAMS LICENCING, RACING DRIVER TRAINING OR ANY OTHER DRIVER TRAINING PROGRAM OR DRIVING EVENT, I, THE UNDER SIGNED, SEVERALLY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, DO HEREBY;

1. Release and discharge "The Organiser" and its principals, its employees, agents, sponsors and servants from all actions, suits, causes of actions and/or suits, claims and/or demands whatsoever that might at any time hereafter arise against "The Organisers" and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person or company howsoever arising, or any loss or damage to property howsoever arising or occurring in the course of or in connection with the program.

2. Agree to keep "The Organiser" and its principals, its employees, agents, sponsors and servants indemnified from, and against, all actions, suits, causes or action, claims and demands whatsoever, which I or any person or company may at any time hereafter have against "The Organiser" and its principals, its employees, agents or servants for, or in respect of, any death or injury to myself or any person, or any loss or damage to property arising in the course of, or in connection with, the participation by me in such a program.

HEALTH: Agree that it is a condition of my enrolment in the Activity, that I have no known medical problems which would limit my ability to safely operate the cars during the "Activity". Such medical problems include but are not limited to: Heart Conditions, Obesity, High Blood Pressure, Epilepsy, Uncorrected or Poor Eyesight, Acute Deafness and all other ailments, conditions and syndromes which on professional medical advice sought by "the Organiser" would affect participation in this Activity.

VEHICLE USAGE: Acknowledge that if I cause any damage to vehicles, equipment or property of "the organizer" or the operators of the venue, caused by reckless actions or negligence, then I may be liable for all financial costs involved in rectifying the damage. If I choose to operate my own vehicle during the training activity then I do so at my own risk. I acknowledge that it is incumbent on me to ensure my vehicle's insurance covers the activity being undertaken or that I knowingly choose to participant with the realization that my insurance may not cover damage due to the nature of the activity being undertaken. 4WD off-road courses, Super Drift training and Sport Driver Training programs have increased potential for vehicle damage.

I the undersigned acknowledge that I have read this entire enrolment document and understand the document and its legal consequences and assume with full knowledge the danger inherent in the Activity.

I (PARTICIPANT'S FULL NAME) _____ acknowledge my consent and confirm the above information is true and correct. I hereby agree to participate on the terms and conditions shown.

SIGNATURE: _____ DATE: _____ / _____ / _____