

# ENTRY FORM:

## NEW RACE TRACK LOCATION:

Due to logging Operations we have moved the race track.

RACE TRACK IS NOW IN THE WESTERN MARAMARUA FOREST.

GPS Co-ordinates for new racetrack for the Peter Howell Memorial

-37.30640680053918, 175.2143745834535

Heading to track from Auckland: Sign Posted from SH2 turn right onto Kopuku Road (after Maramarua Golf Club). Follow Kopuku Road for approx 11km. Turn Right onto Symes Road. Follow Symes road to where it enters the Western Maramarua Forest, where the Pits are located.



Plumbing  
**Laser**  
Whenuapai

**AUCKLAND**



OFFROAD RACING CLUB

PETER HOWELL

**MEMORIAL**  
OFFROAD  
ENDURO  
2024

SUNDAY 11TH AUGUST

MARAMARUA FOREST

*"the best damn skid on metal"*

[www.aucklandoffroadracing.co.nz](http://www.aucklandoffroadracing.co.nz)

PLEASE FOLLOW MARSHALLS PARKING INSTRUCTIONS

**Gates Times:** Gates open at **8.00am**. Pre-Race Inspection and Sprints start at **8.30am**

### Race Car Pit Parking:

On arrival, please obey the signs and the parking marshal. Only vehicles towing race cars will be allowed into the pit area.

### Registration / Pre-Race Inspection:

Registration – Please register and collect scrutineering sheet

Once you have registered and had your safety gear inspected proceed to Pre-Race Inspection.

Passengers must register and have gear checked

**PLEASE NOTE ALL CARS MUST HAVE A 2024 ORANZ TAG, spark arrestors, min 2 x 1kg fire extinguishers and safety triangle.**

**Qualifying Sprint:** Grid position in Race 1.

You will be gridding up for race 2 in order of finishing race 1

**Drivers Briefing:** This will be held at Race Control. There will be a roll call. Clerk of the course will do the briefing. ALL DRIVERS & PASSENGERS MUST ATTEND

### Race Format:

Qualifying Sprint

Race 1 – Starts in order of qualifying time.

Race 2 – Will start 1 hour after first race finishes Grid up in order of finishing race 1

No Kiwi trucks at this event.

### Prize giving:

To be held on completion of the race, at the track.

Trophies 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Overall

1<sup>st</sup> in class only



**Sunday 11<sup>th</sup> August 2024**

**Peter Howell Memorial**

**Entry Fee: - \$330.00 (incl gst)**

Email Entries to: [shirley.cooper2012@gmail.com](mailto:shirley.cooper2012@gmail.com) - or post to 353 Batty Rd. RD 1, Papakura, 2580

**Account Number for pmt 12-3026-0290724-00** Use **ORANZ Number & Surname as Reference** Entries & payments on line by 10/8/2024. Entries on the day will be accepted.

If you pay your Entry Fee prior to close off date and if for some reason you cannot compete then forward an email with bank details and number.

<b>ORANZ RACE CAR NUMBER</b>			
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<b>Driver Details:</b>	
Driver Name:	
Driver Postal Address:	
Post Code:	
Phone – Home:	
Phone – Mobile:	
Email Address:	
<b>Emergency contact (Name &amp; number)</b>	
Contact At Track	YES      NO      Circle one
Club Name	
Racing Achievements	
Sponsors	
Total Payment	Total Payment: \$

Account Number for DC's **ASB: 12-3026-0290724-00**

**EMAIL address**                      [shirley.cooper2012@gmail.com](mailto:shirley.cooper2012@gmail.com)

**Contact** - Neville Smith 027 4357448



# Adult Entry Indemnity Form

<b>ORANZ RACE CAR NUMBER</b>				
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## Acknowledgements, Declaration & Indemnity:

I have received the current ORANZ Rulebook (“the Rulebook”) and all other safety information applicable to this Event and agree to be bound by the Rulebook.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed.

I agree to save harmless and keep indemnified Off-road Association of New Zealand Incorporated and it’s member clubs, all the owners and tenants of private property traversed, and the respective officials, sponsors, fellow participants, servants, representatives, volunteers and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers notwithstanding that such death, injury , loss or damage may have contributed to or caused by the negligence of the organising club or Off-road Association of New Zealand Incorporated or any of their respective officials, sponsors, servants, representatives, volunteers or agents, or by any other person.

I declare the vehicle detailed on this entry form complies with the vehicle safety and eligibility requirements detailed in the Rulebook and that the vehicle will be presented on request to an appointed scrutineer or Technical Officer, complying at all times with the safety and eligibility requirements detailed in the Rulebook. I further declare that I know of any factor affecting the suitability of the vehicle for this event that this entry will be withdrawn and the vehicle will not participate in the event.

I declare that, if at the time of this event this entry form relates to, the driver is suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect the driver’s ability to control the vehicle or his/her fitness to drive, that this entry will be withdrawn and the driver will not participate in the event.

## Privacy Act Consent:

I consent to the details contained on this form being held and used by Off-road Association of New Zealand Incorporated and/or the organising club for the purpose of promoting and running the meeting or events concerned and all associated legal and administrative purposes. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Signature of Driver..... Date: .....

Signature of Owner: ..... Date: .....

**Important Note** – If any of the above signatories are under the age of 18 years then they must produce a completed Guardian Consent & Indemnity Form



# Passenger Entry Indemnity Form

<b>ORANZ RACE CAR NUMBER</b>				
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I (name of passenger) .....

Of (full address) .....

Understand that my presence at the above-named event is entirely at my own risk.

Agree to save harmless and keep indemnified Off-road Association of New Zealand Incorporated and it's member clubs, all the owners and tenants of private property traversed, and the respective officials, sponsors, fellow participants, servants, representatives, volunteers and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers notwithstanding that such death, injury, loss or damage may have contributed to or caused by the negligence of the organising club or Off-road Association of New Zealand Incorporated or any of their respective officials, sponsors, servants, representatives, volunteers or agents, or by any other person.

Acknowledge that I must obey the instruction of the Officials of the day and the driver of the car that I am a passenger in.

Confirm that I have been briefed by Officials on basic event safety procedures and how to wear and subsequently uncouple the safety harness fitted to the vehicle or vehicles that I will ride in during the event.

**Privacy Act Consent:** I consent to the details contained on this form being held and used by Off-road Association of New Zealand Incorporated and/or the organising club for the purpose of promoting and running the meeting or events concerned and all associated legal and administrative purposes. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I declare that I am over the age of eighteen and I have read and understood the content of this form before signing below.

Signature of Passenger: ..... Date: .....

Important Note – If any of the above signatories are under the age of 18 years then a legal Guardian must sign the following on their behalf.

Name of Guardian (if Passenger is under 18 Years): .....

Signature of Guardian: ..... Date: .....



# Guardian Consent and Indemnity

<b>ORANZ RACE CAR NUMBER</b>				
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## Acknowledgements, Declaration & Indemnity:

EVENT: .....

DATE: .....

ORGANISING CLUB: .....

I, ..... [Please print full name] of

..... [Please print full address]

Being the parent/guardian of..... [Please print name of participant]

Agree to save harmless and keep indemnified Off-road Association of New Zealand Incorporated and its member clubs, all the owners and tenants of private property traversed, and the respective officials, sponsors, participants, servants, representatives, volunteers and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of the named participant, his or her drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with the participant's entry or taking part in the above named event or that such entry covers notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of: the named participant (including his or her failure to observe the current ORANZ Rulebook or to obey Officials); or the organising club or Off-road Association of New Zealand Incorporated or any of its member clubs, respective officials, sponsors, servants, representatives, volunteers or agents; or any other person.

Acknowledge that this undertaking is given for valuable consideration in return for the participant being allowed to participate and it is an indemnity and not a guarantee.

Confirm that I have read the entry form signed by the participant in respect of the above-named event.

Consent to the details contained on this form being held and used by Off-road Association of New Zealand Incorporated and/or the organising club for the purpose of promoting and running the meeting or events concerned and all associated legal and administrative purposes. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Signed: ..... Date: .....