

## **2021 Cape Cross Country Club Membership application.**



### **Motorsport South Africa affiliated Organisers and Promoters of Tankwa X Country and related events:**

I hereby make written application for membership to the Cape Cross Country Club (CXC) and I agree to be bound by the club regulations, MSA general competition rules (GCR's) and any SSR's for any competitions in which I may take part. I further indemnify and hold harmless the Cape Cross Country Club (CXC), its officials or representatives and the sponsors of any races as well as the owners of any property on which the competition is held for any damage done by or to any motorcycle/quad/vehicle entered by or ridden in or attended upon by me in any competition or any practice (including any unofficial practices), or while the motorcycle is on any road or area forming part of the track or any access roads by whatever means such damage, injury or loss may be contributed even though same may be caused by the neglect or default of any official or representative of the CXC. I hereby acknowledge that I am fully conversant with and hereby assume the risks, dangers and perils of motorsport.

I (Full Name).

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In my capacity as parent/guardian/curator/competitor hereby do consent to the participation of my son/daughter/ward/myself in any form of motorsport controlled by CXC. I further agree that this form of consent be read as part and parcel of and together with the above – mentioned indemnity which I have signed and the contents of which are fully understood by myself and my son/daughter.

Membership Fees: R280 per person.

**BANK DETAILS:**

**Cape X Country    Capitec    Branch 470010    Account no 1641973232**

SIGNED: \_\_\_\_\_

Date:

1st Member

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TEL WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE 1st JAN: \_\_\_\_\_

2nd Member

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

TEL WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE 1st JAN: \_\_\_\_\_

3rd Member

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

TEL WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_