

APPLICATION FOR MRA MEDIA ACCREDITATION - 2017

APPLICANT DETAILS:

Name of Applicant: _____

Address: _____

Tel No: _____ Email address: _____

PUBLICATION DETAILS:

Name of Publication: _____

Website of Publication: _____

Name of Publication Editor: _____

Address: _____

Tel No: _____ Email address: _____

Do you have public liability insurance? A copy of the insurance certificate must accompany the application for media accreditation (required by all photographers)

Yes

No

Indemnity Declaration – please read before signing

- I declare that I am over 18 years of age and am not suffering from any mental or physical disability that would impair my judgement or prevent me from acting in a safe manner.
- I agree to act, at all times, in accordance with the instructions from event officials and to remain within the designated safe areas around the circuit.
- I acknowledge and accept the potential risk inherent in motorsports and will undertake my role with proper regard for my safety and that of others. I further declare that I have read the Rules and Regulations governing the sport and agree to abide by them.
- I agree to keep indemnified the MRA Ireland (Ltd), promoting clubs and respective officials from and against all actions, claims, costs, expenses and demands in respect of death of, injury to, loss or damage of the person or property of myself.
- I understand that a media accreditation pass does not grant any rights for television/video/film/electronic gathering or any other form of moving picture coverage to be used in any commercial operations without prior written agreement from the MRA (Ireland) Limited.

Signed: _____ Date: _____

Completed forms to be returned to the MRA Secretary at the address below:

Please return by post **only**:

Dr David Barr
MRA Secretary
37 Primrose Gardens
Portrush
Co Antrim
BT56 8SE