



**APPLICATION FOR 2016 CASTLE COMBE CIRCUIT MEDIA ACCREDITATION FOR A CASTLE COMBE EVENT OR SEASON PASS**

**Please complete the following application form, giving as much information as possible.**

Completing this form **DOES NOT** guarantee the granting of press access. All applications **must** be supported by a letter of accreditation from your Editor or Director. Freelance reporters and photographers must supply evidence of published work, relevant to Castle Combe Circuit. Failure to do this will result in press access being denied.

Please note that this pass **DOES NOT** cover media access for non-circuit run events. If you wish to have media access for Rallyday, French Car Show, RS Owners Club, Audi International or other major events, you will need to contact the relevant event organiser, if you need the contact details, please do not hesitate to contact us.

**ALL PHOTOGRAPHERS – PLEASE NOTE**

This media pass **does not** grant rights for the use of any photographic material to be used in any commercial operations, for example, but not limited to photographic sales to the general public, calendar production etc. In the case of photographers wishing to licence for the sales of pictures to the general public, a licence fee will be payable.

**Please be aware that media jackets MUST be worn at all times when trackside, if a photographer is found not wearing their jacket, they will be asked to leave the trackside enclosure immediately, this will be without exception.**

**Please could we request that a disk of images taken at each event attended is supplied, and then these will be put on file, and we will be able to use these images copyright free in leaflets, on our website and indeed on the Circuit’s facebook page.**

**EVENT NAME OR SEASON PASS.....**

**NAME.....**

**ADDRESS.....**

**..... POSTCODE.....**

**TELEPHONE (DAYTIME)..... E-MAIL.....**

**PUBLIC LIABILITY INSURANCE POLICY NUMBER.....**

**PLEASE LIST PUBLICATIONS OR ORGANISATIONS YOU WILL BE REPRESENTING**  
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**NAME OF EDITOR OR DIRECTOR.....**

**TELEPHONE (DAYTIME)..... E-MAIL.....**

**Please sign the attached indemnity and return with this form to:  
EMMA STRAWFORD, MEDIA ADMINISTRATOR, CASTLE COMBE CIRCUIT, CHIPPENHAM, WILTS, SN14 7EY**

**MEDIA CAR PARKING**

**PLEASE BE AWARE THAT THERE IS A DESIGNATED MEDIA CAR PARKING AREA, WHICH IS SITUATED IN THE CAMP CORNER CAR PARK, ADJACENT TO THE PADDOCK. PLEASE ENSURE THAT YOUR CAR PARK PASS IS ON DISPLAY WHEN YOU PARK IN THIS AREA, OR YOU WILL BE ASKED TO MOVE YOUR VEHICLE.**

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**THE FOLLOWING INDEMNITY MUST BE COMPLETED AND SIGNED BY THE PERSON APPLYING FOR CASTLE COMBE CIRCUIT MEDIA ACCREDITATION. IF THIS SECTION IS NOT SIGNED, THEN THE APPLICATION WILL NOT BE ACCEPTED.**

I declare that I am over 18 years of age and agree to act, at all times, in accordance with the instructions of officials of the event. I further declare that I am physically and mentally fit to carry out my function and that I will inform the organisers immediately should any change in my condition occur which I have reason or ought to have reason to believe would affect my ability to carry out my function. I acknowledge the nature and type of the competition and that while undertaking my duties, I may be exposed to the potential risk inherent in motor sport and that I will undertake my function with its associated risks with due and proper regard for my safety and that of others. I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury through their negligence.

**I hereby agree to abide by the MSA Child Protection Policy & Guidelines.**

**FULL NAME (PLEASE PRINT).....**

**SIGNED..... DATE.....**

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**THE FOLLOWING UNDERTAKING MUST BE COMPLETED AND SIGNED BY THE PERSON, EITHER THE EDITOR OR PUBLISHER – WHO HAS SUPPLIED THE LETTER OF ACCREDITATION WHICH IS ENCLOSED WITH THIS APPLICATION.**

**IF THIS SECTION IS NOT SIGNED OR LETTER NOT ENCLOSED,  
THEN THE APPLICATION WILL NOT BE ACCEPTED.**

I confirm that ..... is authorised to cover race meetings at Castle Combe Circuit

Further I declare that the person named above is over 18 years of age and agrees to act, at all times, in accordance with the instructions of officials of the events for which this pass is valid. I further declare that this person is physically and mentally fit to carry out his/her function and that I will inform the organisers immediately should any change in his/her condition occur which I have reason or ought to have reason to believe would affect his/her ability to carry out that function. The nature and type of the competition is acknowledged and that while undertaking his/her duties, the person named above may be exposed to the potential risk inherent with motor sport and that he/she will undertake their function with it's associated risk with due and proper regard for his/her safety and that of others. I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the events for which this pass is valid are insured against loss or injury through negligence.

**We hereby agree to abide by the MSA Child Protection Policy & Guidelines.**

**SIGNED..... DATE.....**

**NAME..... POSITION.....**

**PUBLICATION.....**