



Documents Check & Disclaimer Form



Name of Associate/Member (Printed): _____

For Tutor (Please tick as appropriate)

Sight check of driving licence Yes No

Insurance certificate checked Yes No

MOT Certificate (*if applicable*) Yes No

Eye Sight checks (20 metre) Yes No

I, the undersigned, understand that when receiving training from a designated Tutor of RoSPA Advanced Drivers and Riders Hampshire:

- 1. I am at all times in sole charge of my vehicle.**
- 2. I am responsible for my own actions and undertake observed drive/ride at my own risk.**
- 3. In the event of any incident occurring during a drive/ride, no blame whatsoever shall be attached to the Tutor or RoSPA Advanced Drivers and Riders Hampshire Committee.**

Signature: _____ **Date:** _____