



## Documents Check & Disclaimer Form



Name of Associate/Member (Printed): \_\_\_\_\_

*For Tutor (Please tick as appropriate)*

Vehicle Taxed                      Yes        No        \_\_\_\_\_

MOT Certificate (*if applicable*)    Yes        No        \_\_\_\_\_

Sight check of driving licence    Yes        No   

Insurance Certificate                      Yes        No   

Eye Sight checks (20 metre)    Yes        No   

Emergency Contact 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:** \_\_\_\_\_