



Moto Club Neumarkt Egna

SINCE 1979



ENTRY FORM FROM MOTOCAVALCATA/MOUNTAINTRIAL
SATURDAY 11 – SONNDAY 12 SEPTEMBER 2021 - FOLGARIA (TN)

The event is open to all modern and vintage trial bikes. Anyone can participate with an FMI/2021 membership card or license or without a membership or license

BUT OBLIGATORY IS AN ATUAL MEDICAL CERTIFICATE (for motorcycling sporting activities) valid 2021

Send the registration form to: office@mc-neumarkt-egna.com Enclose a copy of the transfer

Bank: Sparkasse-Cassa di Risparmio Agenzia sede Egna (Bolzano)

IBAN: IT 70 K060 4558 3700 0000 5002975 - Bic/swift: CRBZIT2B016

Surname		Name		M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of birth		Place of birth					
Resident in		Post.		Address		Nr.	
Nation							
Cell.				E-mail			
Bike				Mark			
Displacemet				Year			
Member FMI 21		Ja	<input type="checkbox"/>	Nein	<input type="checkbox"/>	Medical certificate	
				yes		No	
<input type="checkbox"/>	Enrollment 2 days th/12 th Sep. 2021					€ 110,00	
<input type="checkbox"/>	Enrollment Saturday 11 th Sep.2021					€ 65,00	
<input type="checkbox"/>	Enrollment Sunday 12 th Sep.2021					€ 65,00	
BIKE TYPE/CLASS				MODUS ZONE			
<input type="checkbox"/> Moto Moderne		<input type="checkbox"/> Moto Vintage		<input type="checkbox"/> Zone Soft BIANCHE		<input type="checkbox"/> Zone Medium GIALLO#	
				<input type="checkbox"/> Zone Hard VERDE		<input type="checkbox"/> Elite	
VINTAGE MOTORBIKE CATEGORY							
<input type="checkbox"/> Pre 65		<input type="checkbox"/> Pre 70		<input type="checkbox"/> Pre 75		<input type="checkbox"/> Pre 80	
						<input type="checkbox"/> Pre 86	
						<input type="checkbox"/> Post Classica (Mono-air cooled)	
						<input type="checkbox"/> Elite Cat. unica	
For INFO: Dietmar 335 181 4717				Alberti Ugo 0039 3391046584			

The undersigned undertakes to absolve the FMI, the organizers as well as their representatives and employees from any liability for damage to persons and property that may occur within the framework of the above-mentioned organization. He declares that he is aware that the routes to be mastered while driving his vehicle can have pitfalls that can only be overcome with special driving skills in natural areas. He therefore declares that he is in possession of these skills and declares that he is aware that motorcycling in any case, by its nature, involves a relative risk and an inevitable risk premium and therefore relieves the FMI, the organizers and their representatives and employees of any damage arising from such circumstances are free. He also undertakes to exempt the FMI, the organizers and their representatives and employees from any liability towards third parties for losses, damage or injuries for which he is responsible. In any case, he agrees to pay compensation for whatever reason as provided for in the specific insurance policy Accept insurance limits based on their terms www.federmoto.it.

Date: _____

Signature: _____

The undersigned declares that he has expressly read the above clause, which relates to both the exemption from liability and the references to the stated insurance limits, and also in accordance with Art. 1341 of the Civil Code

Date: _____

Signature: _____

INFORMATION IN ACCORDANCE WITH ARTICLE 13 OF THE REGULATION (UE) 2016/679

It should be noted that the data collected to carry out the investigations necessary for the provision of the requested service are processed in accordance with the provisions of Regulation (EU) 2016/679, with special consideration of confidentiality and security obligations. We inform you that you can exercise the rights at any time within the limits and conditions set out in Articles 15-22 of the Regulation (UE) 2016/679

CONSENT ACCORDING TO THE EUROPEAN PRIVACY REGULATION (UE), 679/2016

I, the undersigned, have read the information on the processing of personal data of Regulation (EU) 2016/679 and I consent to the processing of my personal data, including the special categories of personal data according to paragraph 2.2, for the purposes related to the content of Paragraph 1



i agree



refuse consent

Date: _____

Signature: _____