



APPLICATION FOR ONE-TIME LICENSE TO PARTICIPATE IN NATIONAL COMPETITIONS

(The license holder bears personal responsibility for the correctness of the entered information)

N.

Date 29.01.2026

/ / , Stage / **01.01.1970**

License Type / License Code / Purpose of License / License Validity Period

License fee: **GEL**

Note: In the case of a minor, the application is filled and signed by his/her parent/guardian.

Licensing candidate :

/ / **Female** / **01/01/1970** /

Name , Surname / Personal ID Number / Gender / Date of Birth / Driving License Category

/ / /

Citizenship / Address / Tel. Number / Email

Licensing candidate comment

**Please fill in the medical questionnaire, which is drawn up according to the FIM medical code. Please mark the answer:
Yes or No It is not allowed to provide false information or intentionally conceal information.**

• Loss of consciousness for any reason dizziness or headache	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Eye problems (except glasses)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Allergy	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Heart problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Blood pressure disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Stomach problems (ulcer, etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Uro-genital problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Epilepsy or convulsions	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Mental or nervous disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Problems with arms or legs incl.muscle cramp or joint stiffness	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Blood disorder with tendency to bleeding	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Blood group	I have no answer

- Surgeries Yes No
- Do you take any medicine or drugs regularly? Yes No
- Have you had a tetanus shot? (Required) within the last 10 years Yes No
- Have you had general anesthesia? Yes No
- Have you had any complications during anesthesia? Yes No
- Are you under a doctor's care? Yes No

Note: In the event that the license holder develops the condition described above for any reason, during the validity period of the license, he/she is obliged to inform the administration of Georgian National Motosport Federation and/or the organizer of the event..

Me, as a candidate for licensing, declare that:

I am aware of all the risks associated with motorsport and participate in the above-mentioned event of my own free will, as well as take personal responsibility for my actions, during the course of the event provided for in the framework of licensing, I am personally responsible for the actions of my team members (managers, mechanics, guests, etc.).

I confirm : that I have the necessary physical, technical readiness and knowledge that allows me not to put myself and other participants in dangerous and risky situations.

However, I understand and acknowledge that my participation in the event may result in serious injury, even death, to me or others..

I undertake to release from all responsibility Georgian National Motosport Federation and the organizers, facility managers/owners and event officials, their representatives and employees of the events organized under its auspices/co-organization.

I agree : That my personal data will be used by Georgian National Motosport Federation, in accordance with the legislation of Georgia.

I agree : That Georgian National Motosport Federation will be used the photo/video material taken during the event with my participation, in accordance with the legislation of Georgia.

The undersigned person declares that he/she is aware of and agrees with Georgian National Motosport Federation's statutes, of the event - , , regulations, privacy policy, information on processing of personal data and releases Georgian National Motosport Federation , organizers of events organized under its auspices/co-organization, facility managers/owners and event officials, their representatives and employees from any responsibility.

Signature of Licensing Candidate*

In the case of a minor:

..... **Signature***

Parent's or guardian's Name, Surname / Personal ID Number /