



Georgian National Motosport Federation

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 07.05.2026

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 :

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 No
Eye problems (except glasses) Yes No
Asthma Yes No
Allergy Yes No
Diabetes Yes No
Heart problems Yes No
Blood pressure disorder Yes No
Stomach problems (ulcer, etc) Yes No
Uro-genital problems Yes No
Epilepsy or convulsions Yes No
Mental or nervous disorder Yes No
Problems with arms or legs incl.muscle cramp or joint stiffness Yes No
Blood disorder with tendency to bleeding Yes No
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 motosport 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 /