



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

Date 17.09.2025

License fee: **GEL**

**Licensing candidate :**

/ / /  
 -----  
 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 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 /**